Michigan ASSIST Project

Site Analysis

Submitted to the National
Cancer Institute

October 1, 1992

Introduction

Tobacco Control Analysis

Priority Population Analysis

Channel Analysis

Coalition Resource Analysis

Michigan ASSIST Project
Site Analysis

INTRODUCTION

The site for the Michigan ASSIST Project is the entire state. The Tobacco-Free Michigan Action Coalition (TFMAC), which was established in 1990, serves as the statewide coalition under ASSIST. TFMAC currently has 60 organizational members, represented by nearly 100 individuals. Staffing for the coalition is provided by the Michigan Department of Public Health.

The Michigan ASSIST Project has formed an Executive Committee, under the guidelines of the ASSIST RFP. The Executive Committee includes two representatives from the Michigan Department of Public Health, two representatives from the American Cancer Society-Michigan Division, and one TFMAC representative.

As indicated in our ASSIST application, prior experience suggests that when authority and responsibility for planning and decision-making are this closely held, it would be difficult, if not impossible, to achieve full cooperation and active participation of the key agencies and organizations with specific responsibilities under ASSIST.

Therefore, an ASSIST Project Steering Committee has been formed. Currently this committee includes 20 members, representing the major voluntary associations, the ASSIST channels, and potential priority populations. The Field Coordinators from the intensive intervention regions also sit on the Steering Committee. Because the membership of TFMAC is so large, Steering Committee members will be the primary participants in the site analysis and planning processes, with input solicited from other TFMAC members as possible and desirable.

Within the site, there are three intensive intervention regions. The city of Detroit was chosen because it is the largest city in Michigan and the majority of the population of the city includes many of the ASSIST priority groups (e.g., ethnic and racial minorities, lower income persons, blue collar workers). In addition, chronic disease rates are higher in Detroit than in other areas of the state. The Detroit coalition agreed to include the cities of Highland Park and Hamtramck in its interventions, since these cities are geographically enveloped by Detroit and share similar populations and resources as the city of Detroit.

Michigan ASSIST Project
Site Analysis
Introduction

A second intervention region is Genesee County, including the city of Flint. Genesee County has a high percentage of the ASSIST priority groups, specifically African Americans, and because the county's employment has historically been tied to the General Motors Corporation, many blue collar workers and unemployed persons.

Genesee County has had a tobacco reduction coalition since 1987. The SMART (Smoke-Free Multi-Agency Resource Team) Coalition has made the transition to direct the ASSIST contract in Genesee County.

The third intervention region is the Upper Peninsula, which is made up of 15 counties. In contrast to the urbanized areas of Detroit and Genesee County, the Upper Peninsula represents a rural intervention site. In this area, the ASSIST Project will focus on smokeless tobacco users, Native Americans, blue collar workers, and low income persons.

A more complex structure has been established for the Upper Peninsula ASSIST Project because it covers a large geographic area. The 15 U.P. counties are served by six local health departments, which are the ultimate links to the ASSIST Project. Some health departments have chosen to develop one tobacco coalition for the entire health department district; others have opted to develop a coalition in each county in the district. Consequently, 11 ASSIST coalitions have formed in the Upper Peninsula. The coalition coordinators from each local health department meet as a coordinating body for the U.P. ASSIST Project, under the direction of the Marquette County Health Department.

Each intervention region is developing a site analysis for its community. Brief information from each region has been included in this document.

TOBACCO CONTROL ANALYSIS

DEMOGRAPHICS

General Population

According to the 1990 Census, Michigan's total population is 9,295,297. The gender distribution in the state is roughly equal, with females slightly exceeding males.[1]

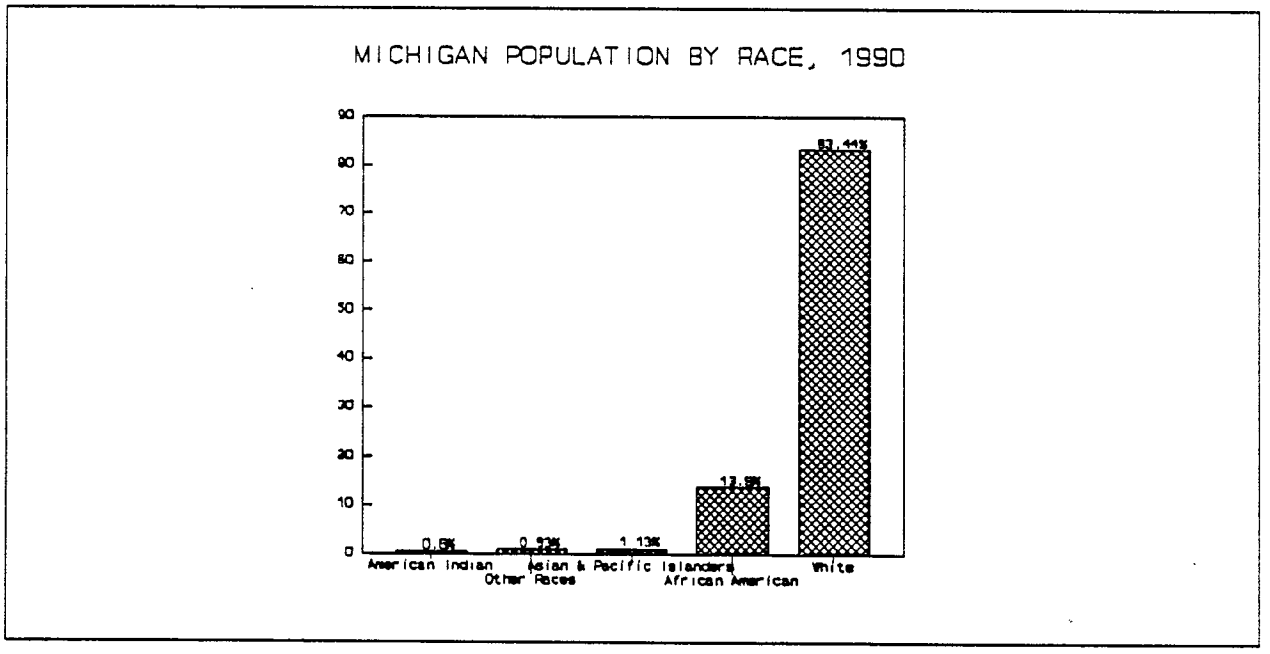
Most of Michigan's residents live in the southern half of the Lower Peninsula, and specifically in the southeastern corner which encompasses the Detroit metropolitan area. From central Michigan northward, the population diminishes in number, with the Upper Peninsula being the least populated area of the state.

Racial/Ethnic Breakdown

According to a study attempting to adjust for census undercounts, approximately 20 percent of Michigan's population belongs to one of five racial or ethnic minorities--African American, Latino, Asian/Pacific Islander, Arab, or Native American.[2]

Figure 1 displays the state's population by racial/ethnic group.

Figure 1



African Americans are the largest racial minority in the state, accounting for about 14 percent of the general population (1,291,706 people). Approximately 60 percent of Michigan's African American population lives in Detroit, with other concentrations in Grand Rapids, Saginaw, Flint, and Lansing.

The Native American population in Michigan numbers 61,384, which is an accepted figure resulting from a joint effort of the State Demographer's Office and the Michigan Commission on Indian Affairs in response to the glaring undercount of Native Americans in the 1980 Census. This represents less than one percent of the state's population. However, the Commission on Indian Affairs estimates that there are between 80,000-100,000 Native Americans in Michigan.

Seven federally-recognized tribes are found in Michigan, some of which are reservation-based. These seven tribes account for 75 percent of Michigan's Native American population. There are also five tribes recognized by the state, but who do not have federal recognition. Members of these tribes constitute about 10 percent of the Native American population in Michigan. Urban concentrations of Native Americans are found in Bay City, Lansing, Saginaw, Grand Rapids, Flint, Pontiac, Warren, and Detroit. Southeastern Michigan (primarily Detroit) is the home of about 33 percent of Michigan's Native Americans, while nearly 20 percent live in the Upper Peninsula. Less than 10 percent of Native Americans in Michigan live on or near reservations.

Asians and Pacific Islanders numbered 104,983 according to the 1990 Census, or slightly less than 2 percent of Michigan's population. This population is very heterogeneous, including the following groups (in descending order of numbers in the population): Asian Indian, Chinese, Korean, Filipino, Japanese, Vietnamese, Hmong, Laotian, Thai, and Cambodian. Only about 1,500 Michigan residents are Pacific Islanders. The highest concentrations of Asians and Pacific Islanders are in Wayne, Oakland, and Washtenaw Counties.

Michigan residents of Hispanic origin account for slightly more than 2 percent of the total population, numbering 201,596 in the 1990 Census. In 1980, the largest percentage of Latinos were of Mexican origin, followed by Puerto Ricans, Cubans, and persons from other Central and South American countries and Spain.[3] The Latino population has high concentrations in Wayne, Oakland, Ingham, Saginaw, and Kent Counties.

The Arab population in Michigan has grown rapidly in the past two decades due to immigration. Current estimates by service providers place 200,000-400,000 Arab Americans in the tri-county Detroit metropolitan area alone (Wayne, Oakland and Macomb Counties). However, 1990 census data note only 77,070 Michigan residents of Arab ancestry. Detroit has the largest concentration of Arab Americans, followed by Dearborn and Livonia.

Genesee County accounts for about 5 percent of Michigan's residents, with a population of 430,459. The county is about 20 percent African American, with all other racial and ethnic minorities comprising approximately 4 percent of the county's population. About 32 percent of Genesee County's population lives in Flint. Most of the county's racial and ethnic minorities are found in this city, which has 48 percent African American residents.[4]

Detroit is Michigan's only city with a population greater than 1 million. According to the 1990 Census, Detroit residents numbered 1,027,974, or about 11 percent of the total state population. More than 75 percent of the city's population is African American and 22 percent is white. About 3 percent of Detroit's population is of Hispanic origin.[5]

Michigan's Upper Peninsula has a population of 313,915, representing approximately 3 percent of the total state population. Racial and ethnic minorities are underrepresented in this region, accounting for only about 6 percent of Upper Peninsula residents. Half of this group is Native American, numbering 10,503.[6]

Income Distribution

In Michigan, the 1990 Census estimates that 25 percent of households have an annual income below $15,000; 31 percent of households have an annual income between $15,000 and $35,000; and 44 percent of households have an annual income exceeding $35,000. The median household income is $31,000 per year. It is important to remember that low income households are most likely to be undercounted by the Census.

Genesee County's income breakdown closely mirrors statewide figures. Income estimates for the Upper Peninsula are lower than for the state as a whole, with 36 percent of U.P. households having an annual income less than $15,000, 39 percent with an annual income between $15,000-35,000, and only 26 percent of households with an annual income above $35,000.

According to Census data, Detroit is the poorest of the three ASSIST regions. The data indicate that 43 percent of Detroit households have an income below $15,000 per year, with 29 percent having an annual income between $15,000-35,000, and only 27 percent with an annual income over $35,000.

The Census also reports that 13 percent of all Michigan residents live below the federal poverty level. A recent study by the Children's Defense Fund reported on child poverty rates for 200 cities with over 100,000 population. Detroit ranked at the top of the list, with approximately 47 percent of children under the age of 18 living in poverty. Michigan cities led the nation in increases in child poverty during the 1980s, with 10 of its major cities showing more than a third of their children in poverty.[7]

Education Levels

According to the 1990 Census, approximately 23 percent of Michigan residents over the age of 25 have not received a high school diploma. It can be assumed that this estimate is slightly lower than the actual percentage because persons with low education levels are more likely to be undercounted by the Census than persons who have more education. The Census reports that another 32 percent have graduated from high school, but have no further education.

These data on education level generally apply to Genesee County. In the Upper Peninsula there is a slightly higher percentage of persons with a only a high school diploma (40 percent). However, Census data for Detroit indicate that approximately 38 percent of adult residents over the age of 25 have not graduated from high school, while another 28 percent have a high school diploma but no further education.

SMOKING PROBLEM

Adults

The most current source of data on smoking among Michigan adults is the 1990 Behavioral Risk Factor Survey (BRFS). Due to the size of the confidence intervals, many of these data should be used as guidelines for planning rather than as strict measurements of smoking prevalence among population subgroups.

The 1990 BRFS reports an overall smoking prevalence of 29.2 percent in Michigan. Figures 2-7 illustrate Michigan's smoking prevalence, with breakdowns for gender, race (White and African American only), education, and income.[8]

Figure 2

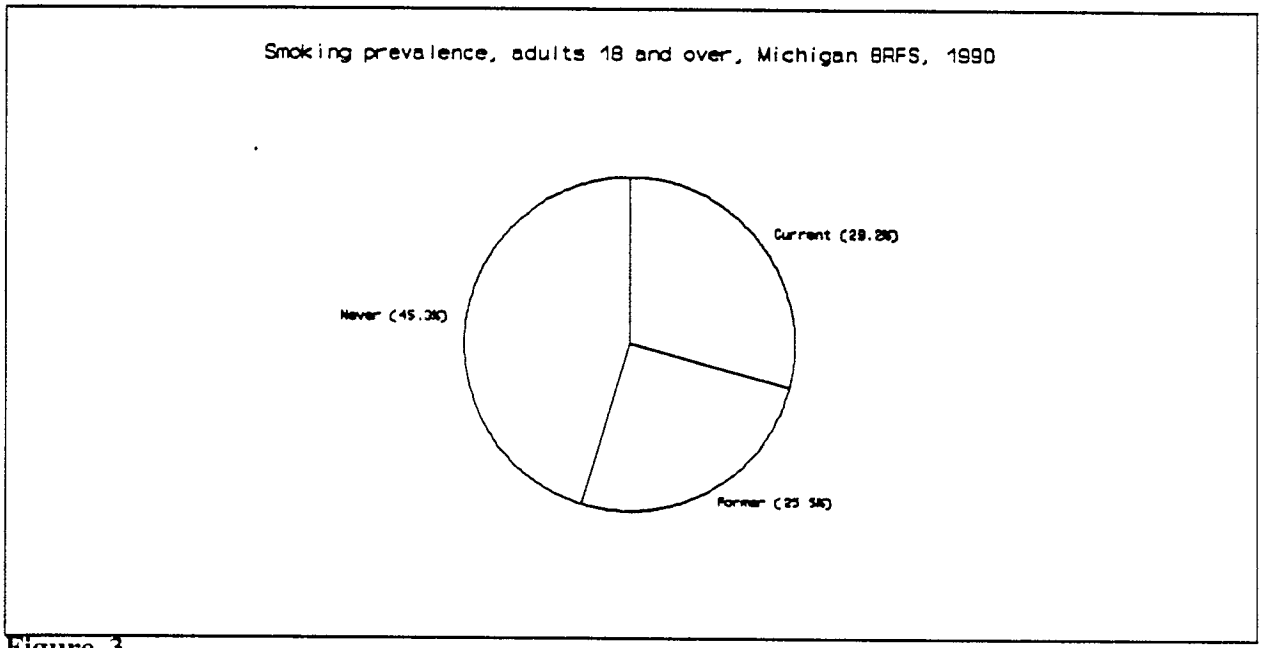
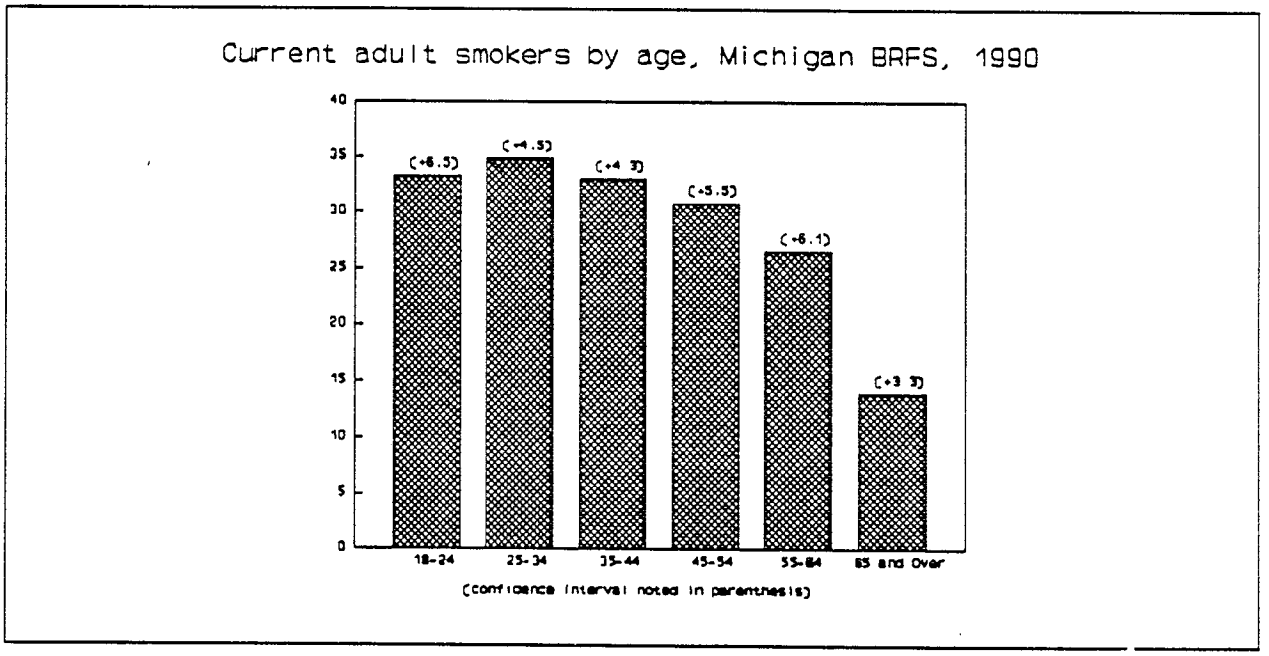


Figure 3



Michigan ASSIST Project
Site Analysis
Tobacco Control Analysis

Figure 4

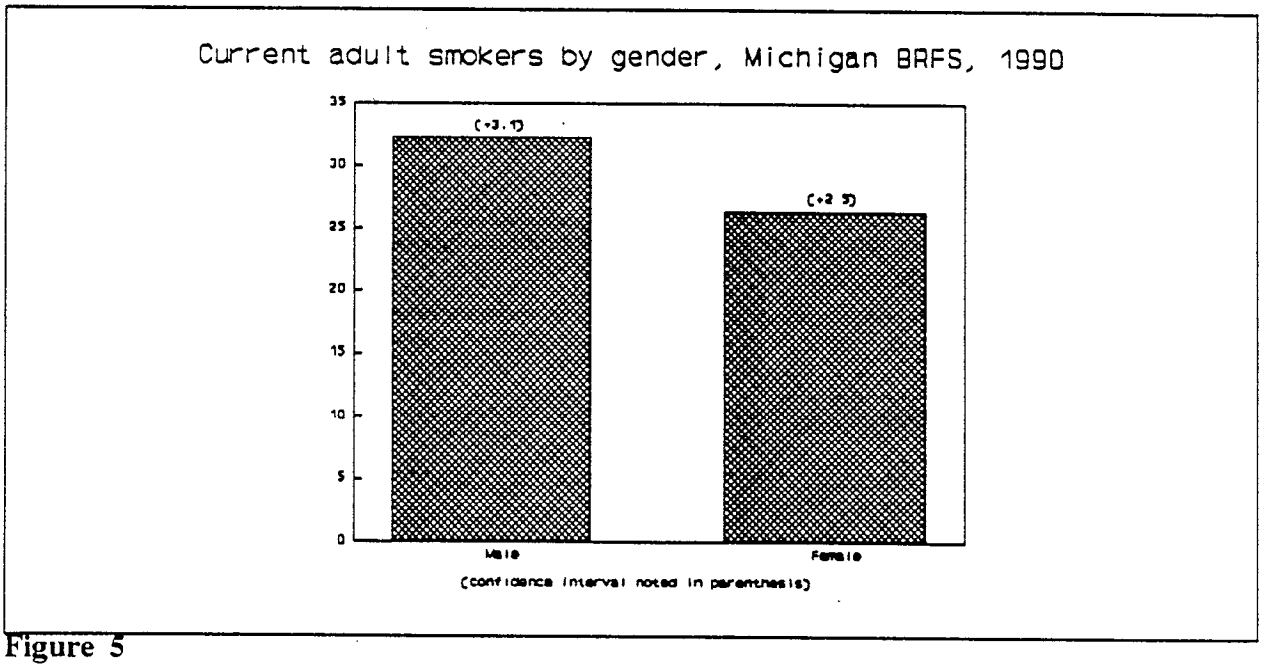


Figure 5

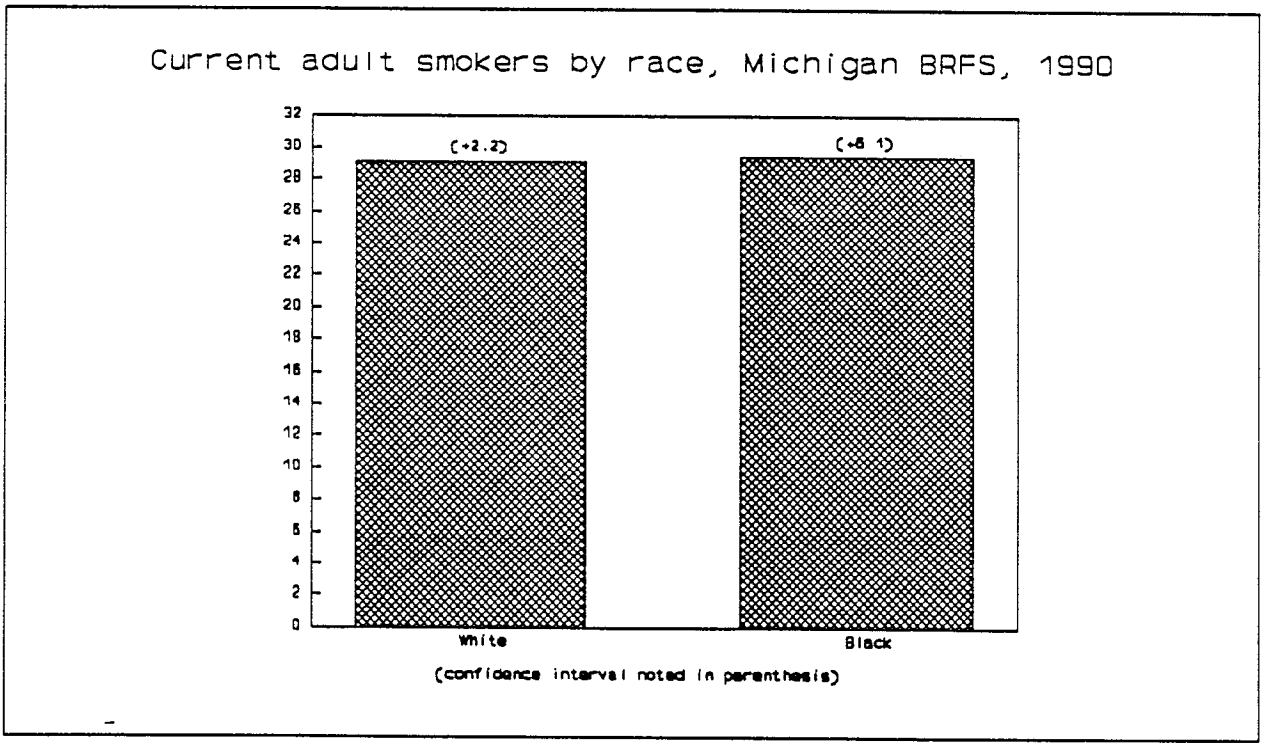


Figure 6

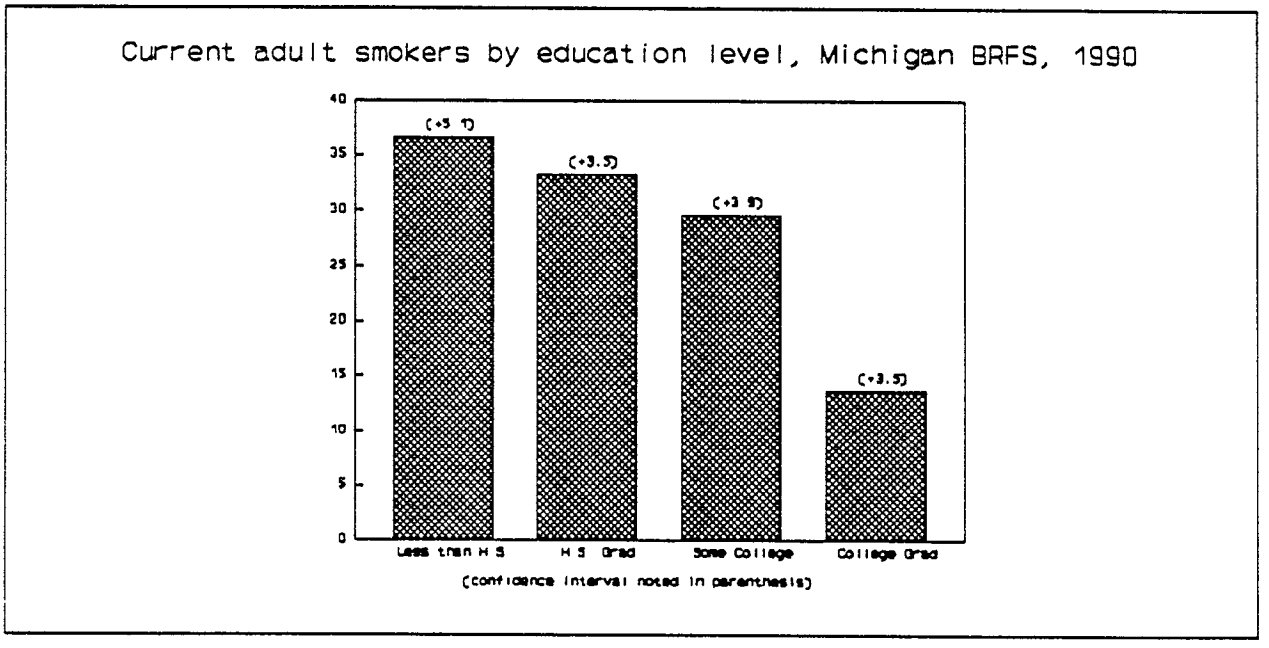
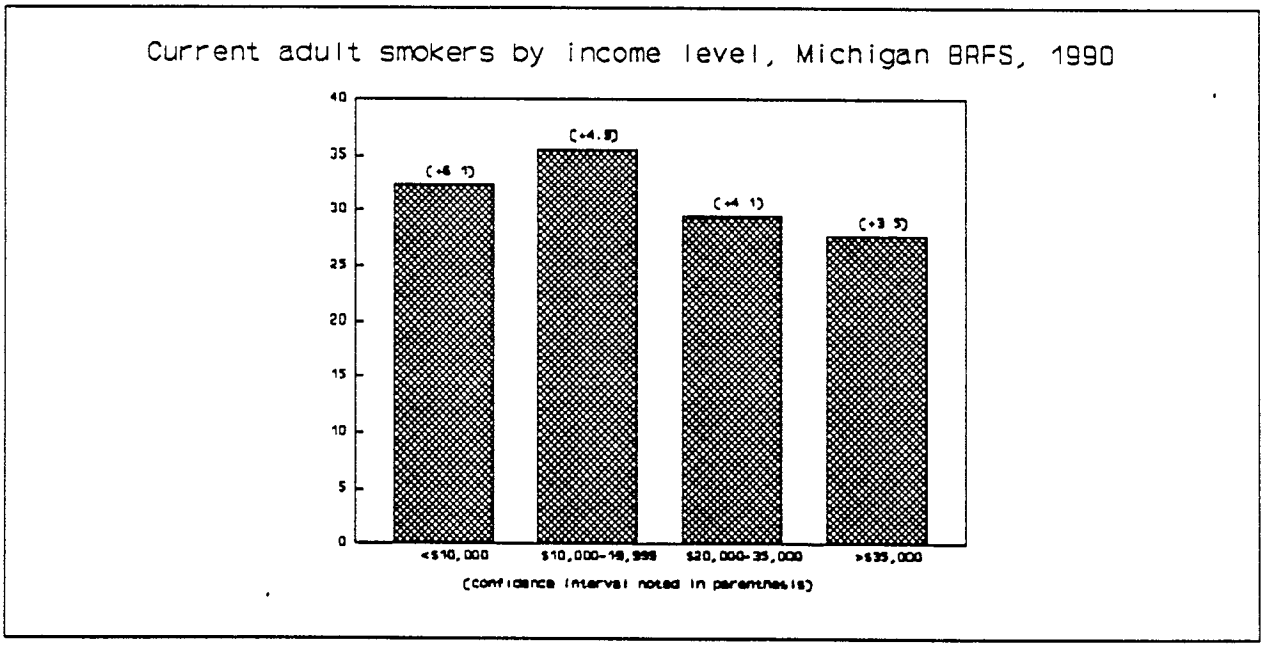


Figure 7



By aggregating BRFS data from three years (1988-90), an estimate of smoking prevalence among Michigan Latinos can be obtained. The data suggest that 24.6 percent of Michigan's Latinos are current smokers, well below the overall state smoking prevalence. There is no estimate of smoking prevalence among Native Americans in Michigan. However, a national survey of Native Americans suggests a smoking prevalence of 32.8 percent.[9]

The only known study of Arab American health practices is a study of cardiovascular risk factors among Arab Americans in the metropolitan Detroit area. According to this study, smoking prevalence among this group was 38.9 percent with a quit ratio of 22.2 percent. There was no significant difference in smoking rates between Arab American men and women.[10]

Applying the 1990 BRFS statewide smoking prevalence rate to the three ASSIST intensive intervention regions yields an estimate of approximately 69,000 smokers in the Upper Peninsula, 90,000 persons who smoke in Genesee County, and 212,000 smokers in Detroit.

Of those who were current smokers on the 1990 BRFS survey, 42.6 reported smoking less than one pack per day, while 46.4 percent reported smoking between one and two packs per day. The heaviest smokers (consuming more than two packs per day) accounted for 11.0 percent of smokers in the survey. The data indicate that persons between the ages of 35-64, men, Whites, and persons with annual incomes over $35,000 are most likely to be the heaviest smokers. On the surface, it seems contradictory that persons with more than $35,000 in annual income would have the lowest smoking prevalence but be the heaviest smokers. Possible explanations might be that the cost of a heavy smoking habit limits it to a higher income range or that the relatively small percentage of wealthier persons who continue to smoke are the most heavily addicted.

Almost 70 percent of current smokers reported that they had made a serious attempt to stop smoking at some point, with 40 percent having tried to quit in the past year. There were no significant differences between population groups on quitting attempts.

The quit ratio for the Michigan population (percent of ever smokers who are former smokers) was 46.6 percent. This figure is slightly lower than the national average. Figures 8-12 display quit ratios for various population groups.[11] Of persons who are currently not smoking, about one third (36 percent) are former smokers who have quit.

Figure 8

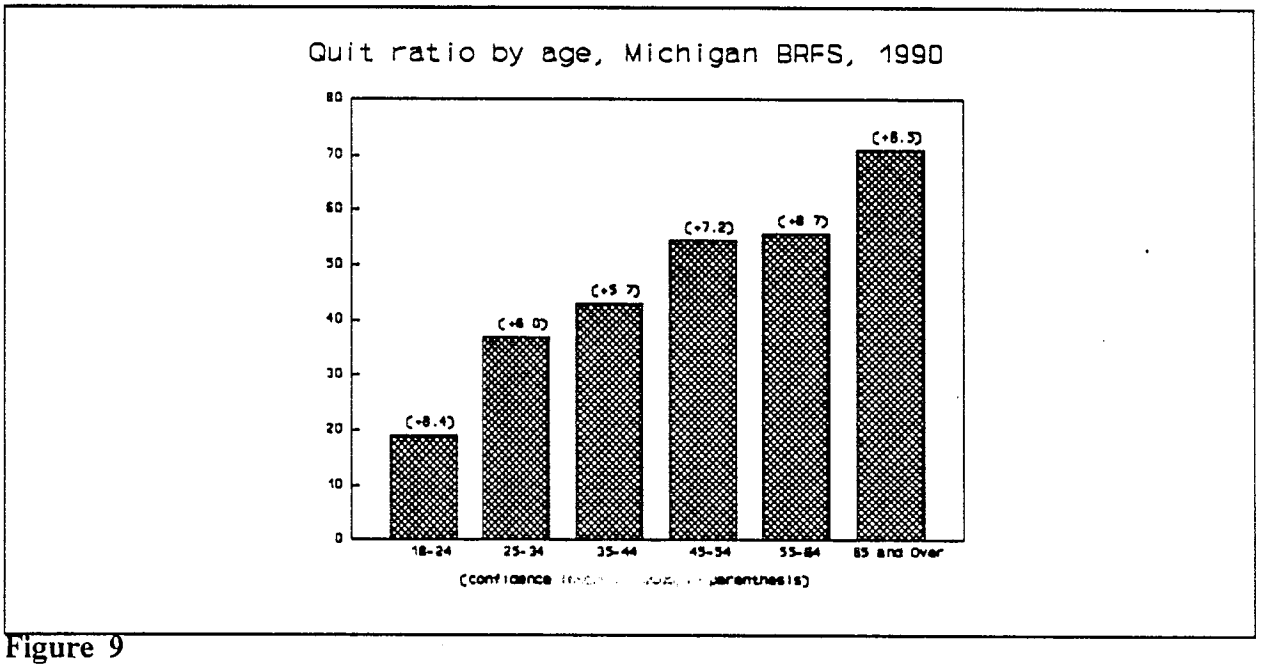
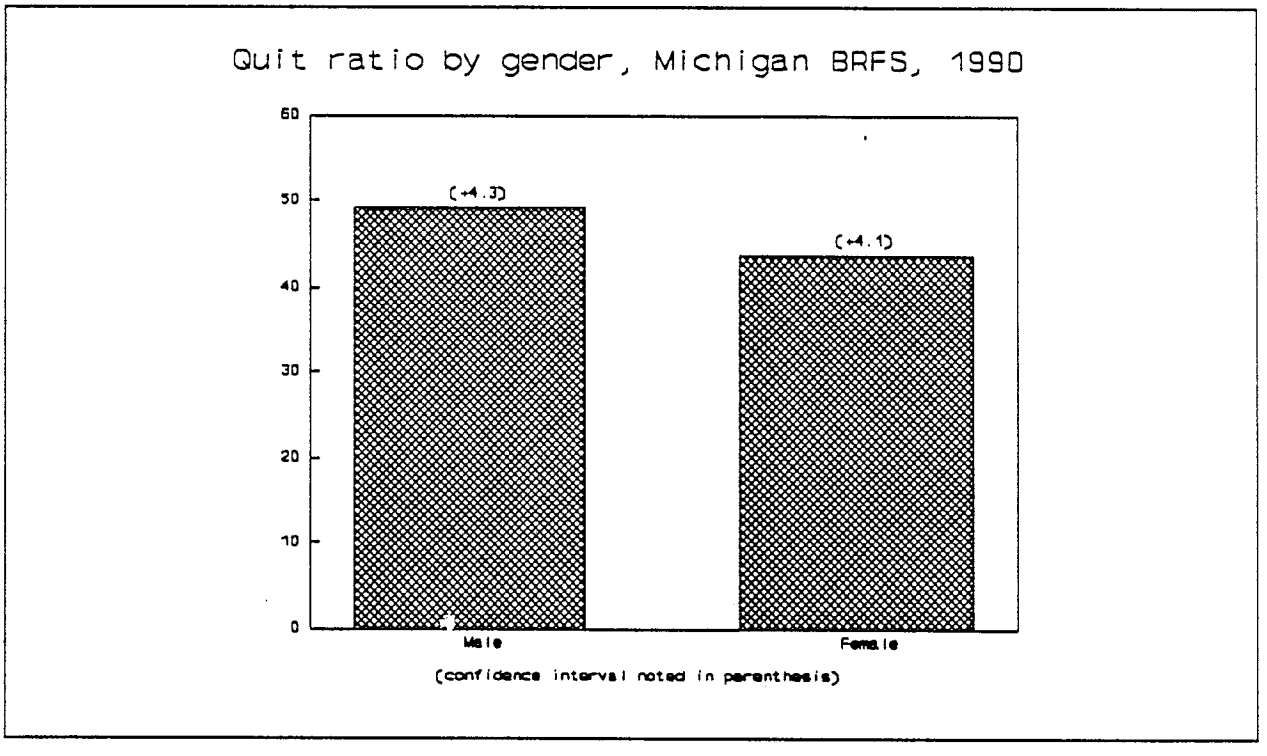


Figure 9



Michigan ASSIST Project
Site Analysis
Tobacco Control Analysis

Figure 10

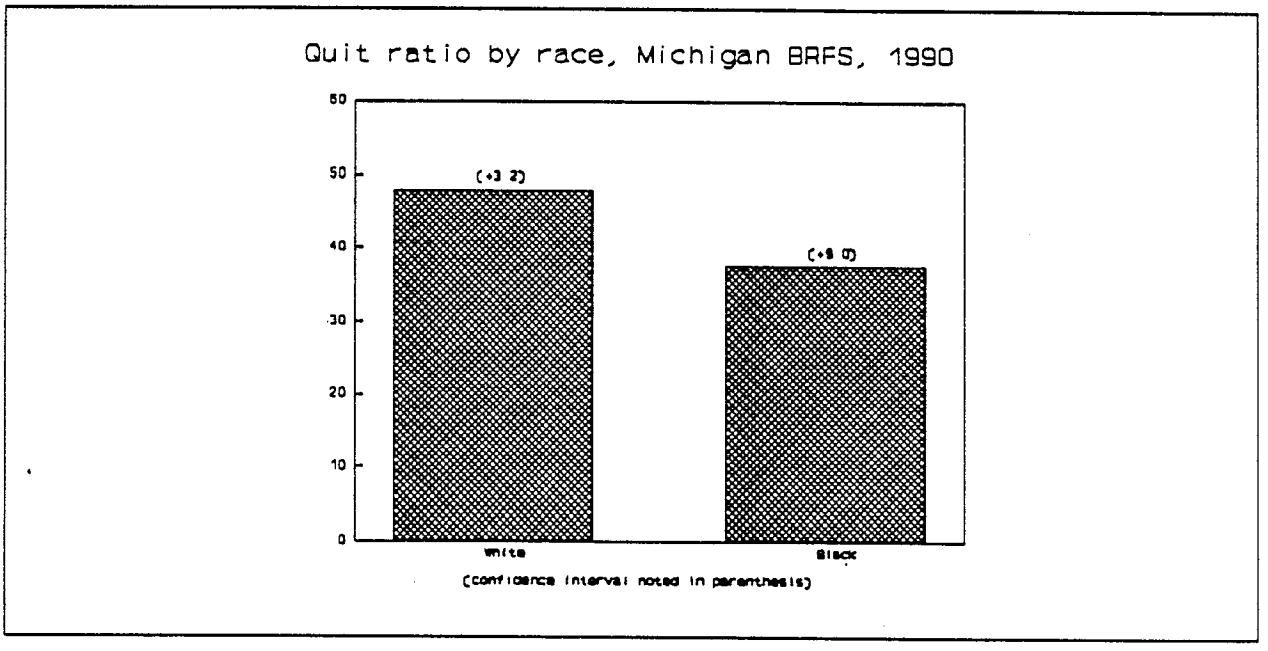
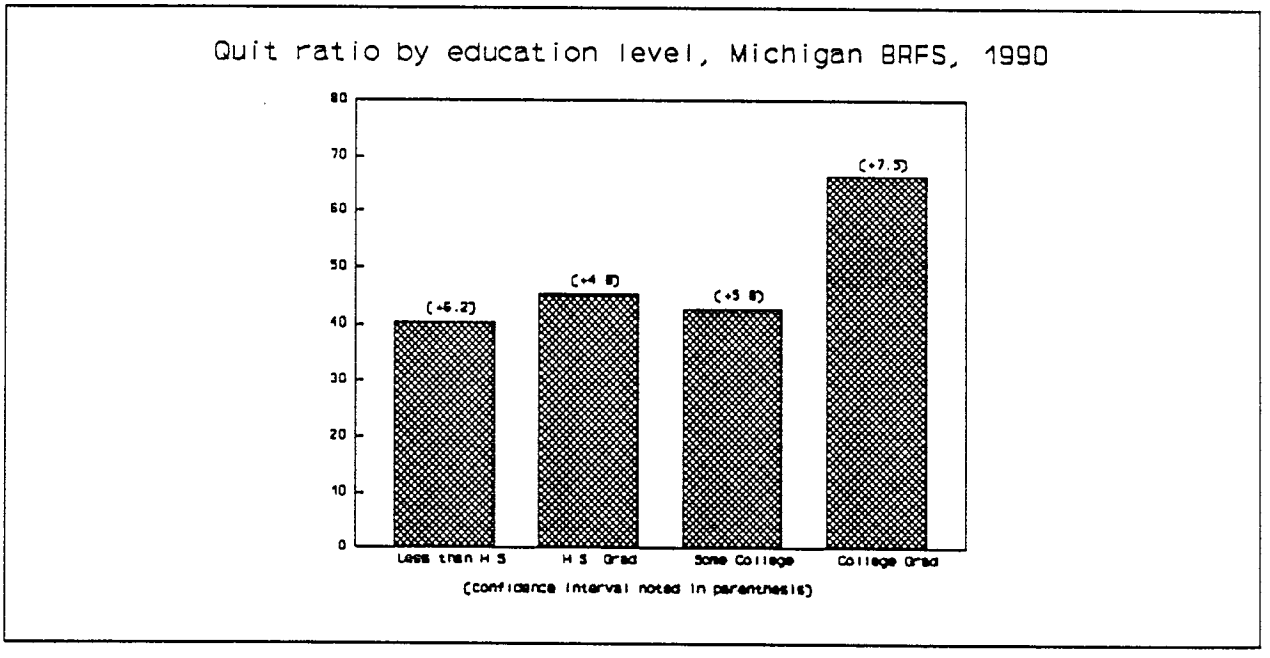
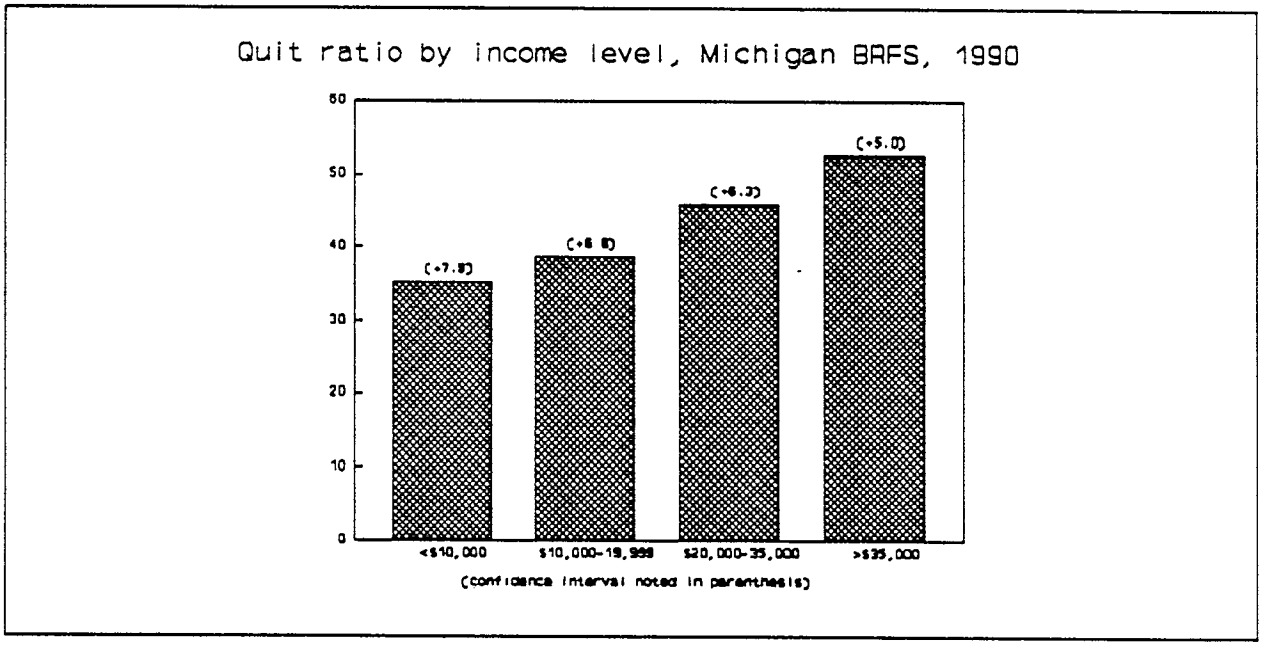


Figure 11



2046641209

Figure 12



Overall, lower quit ratios are found among women, younger persons, African Americans, individuals who are not college graduates, and those with annual incomes less than $20,000. Since the data indicate little difference between population groups on quitting attempts, these groups appear to have the least success in remaining nonsmokers in spite of the fact that they are motivated to quit.

A review of BRFS data from the last several years shows a disturbing lack of change in Michigan smoking prevalence over time. Between 1987 and 1990, smoking prevalence in Michigan remained essentially the same. The 1990 prevalence of 29.2 percent is well above the median prevalence of the states participating in the BRFS (22.6 percent), placing Michigan second only to the tobacco-growing state of Kentucky in proportion of smokers.

Data on smokeless tobacco use among Michigan adults were last collected for the 1987 BRFS. This survey indicates that 3.0 percent of the state's population were regular users of smokeless tobacco. The practice was almost exclusively limited to males. Persons with less than a high school education and those between the ages of 18-24 and 45-54 had higher than average prevalence of smokeless tobacco use.[12]

Youth

Some surveys of youth tobacco use have been conducted in Michigan. Western Michigan University conducted a study with a sample of 97,000 Michigan students in the 8th, 10th, and 12th grades in participating school districts. Students were asked about their use of various substances, including cigarettes. The data have not been aggregated for the state at this time because the Detroit Public Schools have yet to participate in the survey.

However, in the intensive intervention regions, the Flint Community Schools (with a high African American enrollment) participated in the Western Michigan University survey. The results showed that 16 percent of 8th graders, 15 percent of 10th graders, and 15 percent of 12th graders had smoked at least once during the last month.

The Carman-Ainsworth Schools (a somewhat racially integrated suburban district) and the Kearsley Schools (a white, suburban district) also participated in the Western Michigan University survey in Genesee County. The results for both districts were slightly higher than for the Flint Community Schools.

Also in Genesee County, the Clio Area Schools (a rural, White, agricultural community) surveyed student athletes in grades 9-12 on tobacco, alcohol, and other drug use. The survey showed that 10 percent of athletes used tobacco (cigarettes or chew) weekly and 22 percent used tobacco during the last sports season. The Davison Community Schools (a White, blue collar community) conducted a survey of employees and students regarding their use and attitudes toward tobacco. Among the students surveyed, approximately 25 percent of 11th and 12th graders identified themselves as current smokers, while 8-14 percent identified themselves as currently chewing or dipping.

Information on smoking practices among youth are available for two Upper Peninsula communities. In Marquette County in 1987, 394 ninth and twelfth grade students were surveyed to determine rates of tobacco use, among other things. The survey found that 33 percent of this population smoked, with 16 percent reporting daily cigarette use. Females smoked at a slightly higher rate than males. Interestingly, an increase from 10 percent to 25 percent was noted from ninth to twelfth grade females for daily cigarette use. Thirty percent of males in the survey used smokeless tobacco, with 19 percent of the males using it daily. In the survey, 30 percent of males in grades 9-12 reported using smokeless tobacco within the last month.[13]

In 1990, the Chippewa County Tobacco Coalition (in the Upper Peninsula) conducted a school survey on tobacco use that involved nearly 1,500 seventh through twelfth graders. The survey showed that 14 percent of the students smoked or chewed tobacco regularly, with another 16 percent reporting occasional smoking or chewing.

All surveys that are specific to Michigan were conducted in the schools and therefore will not reflect smoking prevalence among drop-outs. Since drop-outs are known to have significantly higher smoking prevalence than teens still in school, we can assume these Michigan surveys underestimate smoking prevalence among Michigan youth.

National data can also be used as a guideline for smoking practices among Michigan youth if we assume that Michigan's children and teens do not differ significantly from the national population.

On a national level, youth smoking rates have been calculated from the Youth Risk Behavior Survey (YRBS) and the Teenage Attitudes and Practices Survey (TAPS). According to the YRBS, more than 32 percent of students in grades 9-12 reported smoking in the previous 30 days; nearly 13 percent reported smoking on at least 25 of the previous 30 days. Ten percent reported using smokeless tobacco. The prevalence of tobacco use was greater among males (40.4 percent) than among females (31.7 percent). The prevalence was much higher among white students (41.2 percent) than among Latino students (32.0 percent) or African American students (16.8 percent).[14]

TAPS data show prevalence figures that are lower than the YRBS data (16 percent smoked during the previous 30 days and 12 percent smoked during the previous week). This may be because younger age groups were included in TAPS (12-18 year olds). The TAPS data show an even greater difference between smoking rates of White and African American youth. In the TAPS survey, 13 percent of Whites reported that they had smoked in the last week, while only 4 percent of African Americans reported smoking in the last week.[15]

Regarding smokeless tobacco use, the YRBS reports that about 19 percent of males in the survey use smokeless tobacco. This practice is significantly higher among Whites than African American or Latino youth. A national survey of Native American youth shows a prevalence of smokeless tobacco use of about 12 percent for males in junior high school rising to about 16 percent in high school. Surprisingly, the use of smokeless tobacco among Native American girls in the survey was nearly 8 percent, which is dramatically higher than for girls of other races or ethnic backgrounds.[16]

Tobacco Sales

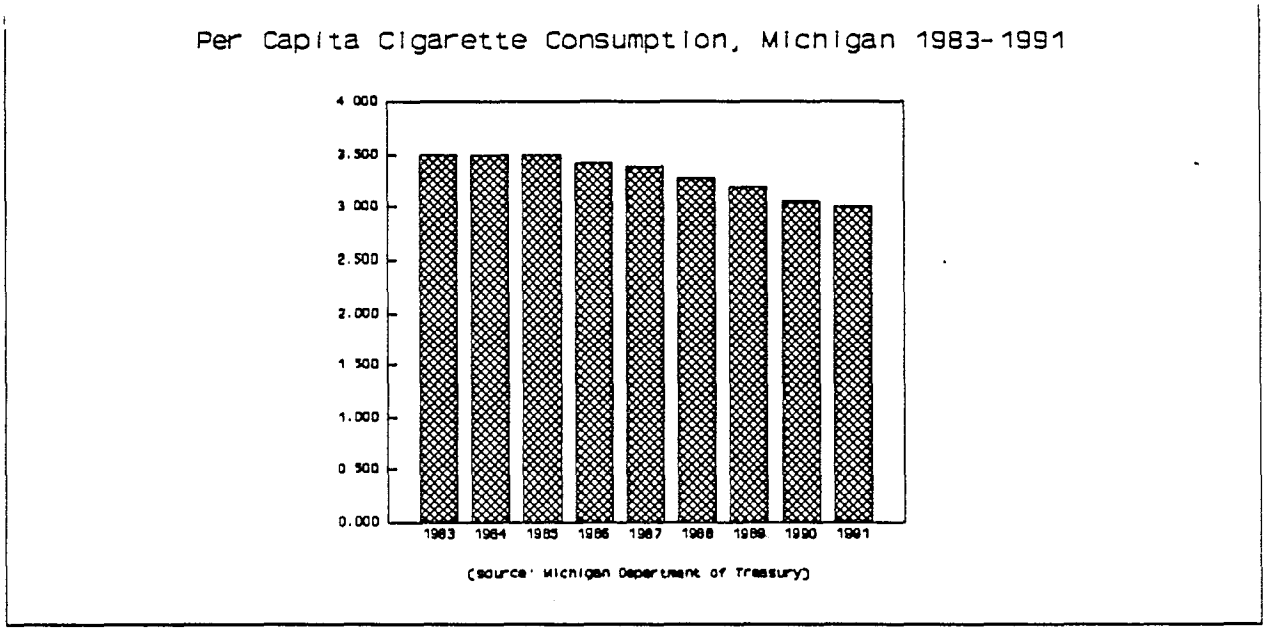
According to the Michigan Department of Treasury, 1,025,286,358 packs of cigarettes were sold in Michigan in 1991.[17] This amounts to 3,008 cigarettes per Michigan adult. The per capita figure represents a decrease of 1.5 percent since the previous year, which is the smallest annual decline since 1987. See Figure 13 for Michigan per capita consumption data, 1983-1991.

Michigan ASSIST Project
Site Analysis
Tobacco Control Analysis

It is possible that part of the slowing decline in Michigan cigarette sales could be attributed to cross-border purchases by Canadians. Canadian cigarette taxes rose sharply in the past few years and newspapers reported increased incidence of "buttlegging" by individual smokers coming across the border at Detroit, Port Huron, and Sault Ste. Marie. If this is true, Michigan's per capita sales could be somewhat inflated by increased purchases by Canadians and not necessarily increased use by Michigan residents.

On the other hand, Michigan's static smoking prevalence as measured by the BRFS, combined with consistently decreasing per capita cigarette consumption, might suggest that Michigan smokers may be smoking fewer cigarettes rather than quitting smoking. Alternatively, it may be that the BRFS is unable to measure real declines in smoking prevalence on a year-to-year basis.

Figure 13

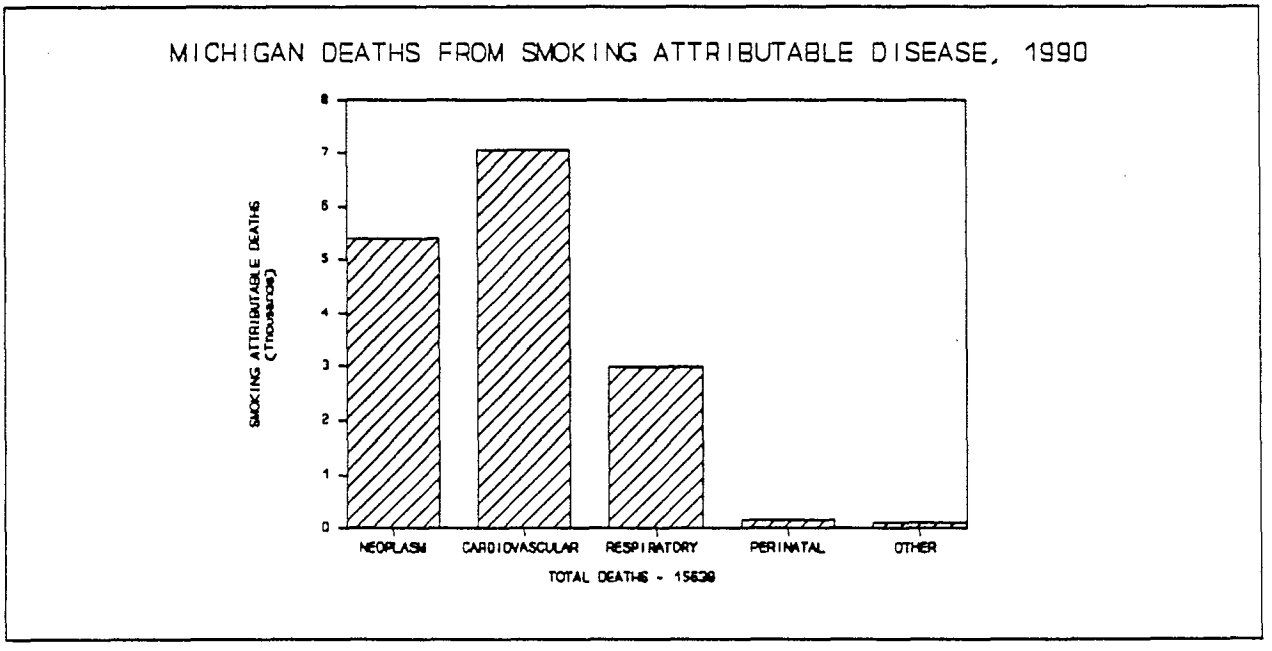


Smoking-Attributable Mortality and Economic Costs

Smoking-attributable mortality, morbidity and economic costs can be estimated for Michigan using the SAMMEC program.[18]

Figure 14 illustrates smoking-attributable mortality for Michigan. In 1990, an estimated 15,631 Michigan residents died due to smoking-attributable disease, resulting in 219,335 years of potential life lost. The main killer was heart disease, followed by various cancers and respiratory disease. The total includes 141 infants who died due to maternal smoking during pregnancy. Total smoking-attributable deaths in 1990 were virtually the same as for the previous two years.

Figure 14



Michigan ASSIST Project
Site Analysis
Tobacco Control Analysis

Total economic costs attributable to smoking by adults age 35 and older were $2,152,946,774 in 1990. This includes $811,822,761 in direct medical costs, $214,806,744 in lost productivity due to smoking-attributable illness, and $1,126,317,268 in lost productivity due to premature death from smoking.

PUBLIC POLICIES

The following is an inventory of tobacco-related state and local public policies:

Clean Indoor Air Policies

1. Public Places

* The Michigan Clean Indoor Air Act (MCIAA) restricts smoking to designated smoking areas in all indoor publicly-owned or operated buildings. The law also covers some private sites, such as educational facilities, health facilities, auditoriums, arenas, theaters, museums, concert halls, and other privately operated facilities during the period of their use of performances or exhibits of the arts.

  Furthermore, the MCIAA prohibits smoking in certain licensed child care centers, bans smoking in the common areas and treatment areas of private practice offices of health professionals, and requires designated smoking areas in hospitals to be separately ventilated.

* Effective June 15, 1992, smoking has been prohibited in all non-residential buildings owned or leased by the state, by Executive Order of the Governor.

* Ottawa, Allegan, Wayne, and Ingham Counties have banned smoking in all or most county facilities. Schoolcraft and Alger Counties (in the Upper Peninsula) have banned smoking in their courthouses.

* The city of Livonia has incorporated the Michigan Clean Indoor Air Act into its local ordinances, providing for an enhanced ability to enforce those requirements.

2. Private Workplaces and Facilities

   Three cites in Michigan--Marquette, Detroit, and East Lansing--have local clean indoor air ordinances that restrict smoking to designated smoking areas in private workplaces. The Marquette ordinance also prohibits smoking in certain places,

such as retail service establishments (e.g., barber and beauty shops), public transportation, pharmacies, restrooms (unless there is more than one restroom for each sex), and conference and meeting rooms in private office workplaces.

3. Restaurants

* State law requires restaurants with a seating capacity of 50 or more to maintain a nonsmoking area of a specified minimum size (three nonsmoking tables of four seats each for restaurants seating 50 to 100 people, six in restaurants seating 101 to 150 people, and nine in those seating more than 150 people).

* The Marquette city clean indoor air ordinance requires a minimum of 60 percent nonsmoking seating in food service establishments. The East Lansing ordinance requires 50 percent nonsmoking seating in restaurants.

4. Tobacco-Free Schools

A survey conducted last year by the Michigan Association of School Boards and the Tobacco-Free Michigan Action Coalition located 65 school districts with [illegible] some tobacco-free buildings.

5. Jails

At least 17 counties in Michigan have smoke-free county jails, including the intensive intervention regions of Marquette County and Genesee County. The Kalamazoo County jail allows smoking by staff only in garages that are not accessible to inmates.

6. Other Locations

State law prohibits smoking in elevators and in the public sections of grocery stores.

Youth Access Policies

1. Ban on Tobacco Sales to Minors

* Michigan's Youth Tobacco Act states that anyone selling, giving, or furnishing tobacco products to persons under 18 years of age faces a fine of up to $50 or up to 30 days in jail for each offense. Fines for minors who purchase or possess tobacco products are also specified. In addition, the Youth Tobacco Act requires that a sign be posted at all points of sale for tobacco, warning that tobacco sales to minors and purchases by minors are prohibited.

* The cities of Warren and Ann Arbor impose additional fines on retailers who sell tobacco to minors. Ann Arbor's ordinance includes a local fine for minors who purchase tobacco.

2. Tobacco Retailer Licensing

Ordinances in Marquette County and East Lansing require a license for the retail sale of tobacco. A licensing ordinance was recently passed in Ingham County which will go into effect in January, 1993.

3. Restrictions on Tobacco Vending Machines

* Flushing (in the Genesee County intensive intervention region) prohibits all sale of tobacco through vending machines.

* Ordinances prohibit placement of vending machines in public places or places accessible to minors in Ann Arbor, Rochester Hills, Sterling Heights, Zeeland, and Warren.

* East Lansing and Marquette County both restrict the placement of tobacco vending machines and require the use of electronic disabling devices for machines in certain locations. Ingham County's ordinance, which becomes effective January, 1993, is similar to these ordinances.

* Oakland County prohibits tobacco vending machines on county property.

4. Ban on Free Tobacco Samples

East Lansing is the only community in Michigan that prohibits the distribution of free tobacco samples. The Ingham County ordinance which will be effective in January, 1993, will require a license for the distribution of free tobacco samples.

5. Display of Tobacco Behind the Counter

East Lansing was the first community in the country to prohibit the display of tobacco products for sale in a location or manner which allows delivery to the public without the assistance of an adult sales clerk. Exempted are products in cartons containing five or more packs.

Economic Policies

Michigan levies an excise tax of 25 cents for a 20-count pack of cigarettes and 28 cents for a 25-count pack. There is no tax on smokeless tobacco products, cigars, or pipe tobacco. Tobacco is not grown in Michigan, nor are tobacco products manufactured in the state since the Governor's Executive Order that banned the manufacture of cigarettes in state prisons.

Advertising Policies

State law requires warning statements on billboards for smokeless tobacco products. These statements are the same warning that are found on smokeless tobacco packages under federal law.

Public Education

The Michigan Health Initiative (MHI) earmarks between $9-12 million annually for health promotion and risk reduction activities in Michigan. One million dollars of this amount is set aside for health promotion mass media campaigns. Since its inception in 1989, the majority of this $1 million has been used for an anti-tobacco media campaign.

School-Based Education

The State of Michigan provides funding for the Michigan Model for Comprehensive School Health Education, a standardized health curriculum that includes a strong tobacco use prevention component for grades K-8. Approximately 90 percent of Michigan's schools use the Michigan Model.

POLICY ENVIRONMENT

Mirroring changes in society as a whole, there has been a noticeable increase in interest in tobacco control policies in Michigan. This is evidenced by the large number of tobacco control bills introduced during this legislative session. Since January, 1991, 26 pieces of tobacco control legislation have been introduced in the Michigan legislature and 11 of these have had public hearings in committee. One bill (a ban on smoking in certain child care centers) has been made law while three others have been passed by at least one house and are awaiting further action.

Michigan ASSIST Project
Site Analysis
Tobacco Control Analysis

The bills cover a full range of tobacco policy strategies, including clean indoor air, youth access, and taxation. It is hoped that some of the remaining bills may be passed before the session ends in December, 1992.

A hopeful indicator of the growing strength of the tobacco control advocacy efforts in Michigan was the fate of the so-called "smokers' rights" bill in the Michigan House of Representatives. Senate Bill 484, which would protect employment rights for smokers in Michigan, was introduced in the Senate in October, 1991. The bill was heavily lobbied by the tobacco interests and was approved by the Senate in very short order. The House, which is historically pro-labor, was expected to pass the bill shortly thereafter. However, the bill was stalled in the House Labor Committee until the end of May, 1992, the day after the House passed a strong tobacco vending machine restriction. On the House floor, the bill was significantly amended to include prohibitions on discrimination based upon various political activities and to preclude discrimination against nonsmokers. According to Michigan law, a conference committee must meet to reconcile the vast differences between the House and Senate versions of the bill. This committee has not yet convened and, with the Governor hinting he might veto the bill, health advocates are hoping it will not convene before the end of the session.

Similar interest in tobacco control has been seen on the local level. Of the fifteen local tobacco ordinances in Michigan, seven have been passed since February, 1991.

Several events this year have helped to soften the way for stronger tobacco control policies, many revolving around Michigan's governor. In a New Year's Day speech, Governor John Engler floated a "trial balloon" on a doubling of Michigan's tobacco excise tax. Based upon the Governor's speculation, an Ad Hoc Tobacco Tax Coalition was formed, with more than 400 organizational and individual members. Support from the coalition has kept the tax issue alive and there are now bills proposing a doubling of the tobacco tax in both the House and Senate, with sponsors from both parties. Some sources feel that the tax will pass in November's "lame duck" session. Equally important, organizations in the tax coalition have taken this tobacco control message back to their memberships, increasing interest and awareness among constituencies that may not necessarily have a tobacco focus.

Governor Engler continued support for tobacco control in his State of the State address in which he mentioned the social and economic costs of smoking. Then in March, the Governor delivered a health message which focused strongly on reduction of tobacco use. In this speech he declared his support for various strategies to reduce minors' access to tobacco and protect nonsmokers from ETS. He also announced that he would sign Executive Orders banning smoking in state buildings, prohibiting the sale of tobacco in state buildings, and ending the manufacture of cigarettes in Michigan's correctional facilities. Gov. Engler's views were widely publicized in the media.

Casting a shadow on this victory, however, was a judicial ruling that the Governor does not have the authority to ban tobacco sales in state buildings. Furthermore, the Commission is actively pursuing legal recourse to prevent both the ban on sales and the ban on smoking in state buildings. The United Auto Workers and two other unions have filed unfair labor practice charges against the state for instituting the smoking ban.

Public awareness and support for stronger tobacco control policies was reflected in smoking policy changes in two of Michigan's sports stadiums this year. Tiger Stadium (Detroit's professional baseball field), which had allowed unlimited smoking, recently announced a policy that bans smoking from the seating areas of the stadium. In addition, the Pontiac Silverdome (home of the Detroit's professional football team) has further restricted designated smoking areas in the stadium.

A survey of Michigan residents commissioned in June, 1992, by the American Lung Association of Michigan and the American Cancer Society, Michigan Division, revealed that there is strong public support for anti-tobacco legislation. For example, 81 percent favored extending clean indoor air legislation to the private sector, 73 percent favored banning tobacco vending machines, and 59 percent favored licensing of tobacco sales, similar to alcohol.

In spite of heightened interest and some important successes in tobacco control, however, an examination of the enforcement of current laws shows that practice has not always kept pace with intention. While Michigan law has prohibited tobacco sales to minors since before the turn of the century, the law is seldom, if ever, enforced. "Sting operations," in which minors attempted to purchase tobacco products, were conducted in at least 6 Michigan communities in the past year. In these attempts, teens were successful in purchasing tobacco between 39 and 72 percent of the time.

Similarly, Michigan law requires a certain number of nonsmoking tables in restaurants of more than 50 seats. While this law is monitored by restaurant inspectors from local health departments, there is no realistic penalty or sanction for not following the law and so enforcement is often problematic.

Another obstacle to effective tobacco policy in Michigan is the previously-mentioned corps of lobbyists hired to defend tobacco practices. Nearly every multi-client lobbying firm in Michigan has a contract representing one or more tobacco interests. In combination with the retailer, grocer, and restaurant associations, they are formidable opponents. Their influence is particularly effective because members of Michigan's House of Representatives must run for re-election every two years, and financial support from this sector can be important.

The influence of tobacco lobbyists is also being felt on the local level. This year, representatives of the Tobacco Institute visited at least one Michigan community to lobby against a local youth access ordinance. In another community, a city council member proposed a vending machine ordinance and heard from a "grassroots smokers' rights group." However, this group failed to materialize at the hearing on the ordinance.

The tobacco industry also gains influence in the state through financial support of popular events and civic organizations. The tobacco industry sponsors several sporting events in Michigan, such as the NASCAR Winston Cup stock car race and the Marlboro 500 auto race at Michigan International Speedway. Communities receiving tobacco dollars include Muskegon, where events during the popular Lumbertown Music Festival have been underwritten by Philip Morris. In Bloomfield Hills, the new and innovative Bloomfield Hills Model High School has received more than 25 percent of its funding from the RJR Nabisco Foundation. Also, it is widely known that many services and facilities in minority communities are funded by the alcohol and tobacco industry. Communities or organizations that benefit from tobacco industry largesse may be reluctant to openly oppose the industry's promotional or lobbying efforts.

Michigan's economic climate is also used as a rationale for curtailing tobacco control efforts. The U.S. automobile industry has experienced a serious decline from many previous decades of growth and prosperity. For example, General Motors recently reported that since 1985 it has eliminated 79,000 jobs in Michigan and $5 billion in payroll and other contributions to the state's economy. This has created economic problems not only for the areas of the state that are directly dependent upon the automobile industry for employment, but also other areas that produced goods or services used by the industry or its employees. Consequently, economic issues have become an overriding concern in Michigan political decisions. To a certain degree, the tobacco lobbyists have been successful in convincing some Michigan policymakers that "anti-tobacco" means "anti-business," which hurts efforts toward stronger tobacco control policies.

In the intensive intervention regions, there are both support and obstacles to tobacco control policies. Genesee County has had an active tobacco control coalition since 1987, the SMART coalition. The coalition activities included public service announcements about the need to control smoking in restaurants, workshops to aid worksites in developing smoking control policies, and consultation with the sanitation division of the Genesee County Health Department to ensure adequate enforcement of current clean indoor air policies.

Support for tobacco control policies has also come from law enforcement officials in Genesee County. Genesee County Sheriff Joe Wilson spearheaded the banning of smoking in the Genesee County Jail. In Mt. Morris, the Township Police are conducting compliance checks for the Youth Tobacco Act and plan to issue citations to retailers who sell tobacco to minors.

On the other hand, public attitudes have not necessarily mirrored these actions. In 1989, the Davison School Board passed and then rescinded a resolution declaring its campuses smokefree, due in large part to its impact on enrollment in the adult education program. A survey of employee and student attitudes done in conjunction with the policy change showed a wide range of opinions regarding the need for banning smoking in schools. Davison is currently working on a phase-in plan for smoke-free buildings in the district.

Similarly, a SMART coalition survey of restaurant patrons found that most patrons had no preference for nonsmoking seating and were unaware of the health hazards of environmental tobacco smoke.

Also a factor in Genesee County are social and economic problems that have developed since the decline of automobile manufacturing employment in the last ten years. Problems of this nature take precedence over health promotion activities in the public's mind.

Finally, tobacco advertising and promotion is heavy within the city of Flint, which has a high minority population. As in other communities, the industry targets African Americans for promotional activities including billboard advertising and financial support for community activities. These efforts tend to strengthen the environment which support tobacco use.

With the exception of Marquette County, the Upper Peninsula is generally not a positive environment for tobacco control policy.

In many ways, Marquette County has led the state in tobacco control activities. The county has one of the longest-standing and most active tobacco control coalitions in the state. The Marquette County Tobacco OR Health Community Coalition began its activities with public education and smoking cessation efforts, which softened the community for the policy efforts that followed. Compliance checks on tobacco retailers show that the percentage who sell to minors has declined due to the coalition's efforts, from 80 percent in 1988 to 32 percent in 1990. The Marquette County Health Department is very supportive of tobacco control activities, as evidenced by its willingness to serve as the coordinating center for the Upper Peninsula ASSIST Project. Local law enforcement officials have also been supportive of the health department's efforts.

Other Upper Peninsula counties have not been as supportive of tobacco control policy activities. One county that tried to initiate a youth tobacco ordinance encountered opposition from a Board of Health member that was sufficient to derail the process. Likewise, enforcement of current tobacco control laws has not been a priority. Also active in the Upper Peninsula have been the tobacco retailers, who have opposed all efforts to regulate the sale of tobacco.

However, there are some indications that the public mood toward tobacco policies may be changing in the Upper Peninsula. The U.P. Tobacco OR Health Community Coalitions, along with the three major voluntary associations, recently conducted mailed interviews with over 800 U.P. business leaders, school officials, civic and service club members, media representatives, and local government officials. The purpose was to disseminate information on ASSIST and its goals and to identify support for the project. Issues discussed included youth access, tobacco advertising, clean indoor air, and tobacco taxes. In general, these leaders indicated that communities should do everything possible to make it difficult for youth to purchase tobacco, smoking should be allowed only in designated areas, and the tobacco tax should be increased.

The social environment in Detroit generally supports continuing tobacco habits. Surveys show that tobacco billboards inundate inner city neighborhoods, significantly outnumbering such ads in suburban neighborhoods. Stores regularly break up packs of cigarettes to sell them individually, making cigarettes easily accessible to children and persons with low income. Many organizations which are influential in the Detroit community receive financial support from the tobacco industry. These and other environmental factors will make it difficult to reach out with the ASSIST message in Detroit.

On the other hand, positive influences toward strong tobacco control policies can be found in the city. This year, the Detroit City Council showed initiative in proposing and passing a strong clean indoor air ordinance for private sector workplaces. Two members of the City Council, including Council President Maryann Mahaffey, participated in a press conference to protest Philip Morris' sponsorship of the Bill of Rights tour, which came to Detroit in November, 1991. Although they have separate civil and health department jurisdictions, Detroit is also influenced by the recent action of the Wayne County Commission, which declared county buildings smoke-free. Alberta Tinsley-Williams and the Coalition Against Advertising of Alcohol and Tobacco has been an important force in this area for several years.

Support is also evident in the private sector for stronger tobacco control policies. Recent actions to make the seating areas of Tiger Stadium and the Pontiac Silverdome smokefree send an important message to the residents of Detroit. And last year, Wayne State University voted to divest of tobacco company stock.

Michigan ASSIST Project
Site Analysis
Tobacco Control Analysis

ADVOCACY RESOURCES

In Michigan, there is a growing team of tobacco control advocates working to counteract the influence of tobacco lobbyists. Central to these efforts is the Tobacco-Free Michigan Action Coalition (TFMAC), with nearly 60 organizations who have joined together to reduce tobacco use among Michigan residents. TFMAC is the statewide coalition for ASSIST.

An important strength of TFMAC is that it has tapped into the advocacy resources of many large organizations which might not otherwise intervene in tobacco issues. Through membership in TFMAC, influential organizations such as the Michigan Association of Counties, the Michigan Association of School Boards, and the Michigan Pharmacists Association have added their voices to the call for strong tobacco control measures in the Michigan legislature.

Michigan is fortunate to have voluntary health agencies with an active commitment to tobacco control advocacy. In addition to individual efforts toward stronger tobacco policies, the American Lung Association of Michigan, the American Heart Association of Michigan, and the American Cancer Society, Michigan Division, team up as the Michigan Coalition on Smoking OR Health to amplify their impact. In 1991, this coalition pooled its resources to hire a lobbyist who carries the tobacco control message through formal lobbying channels. The lobbyist is a former director of the Michigan Department of Public Health and is well-known as an advocate for strong health policy.

To encourage tobacco control policy activity on the local level, the Michigan Department of Public Health established a grant program in 1987 that supports the development of broad-based community coalitions to reduce the use of tobacco. Eleven coalitions are currently funded through the Department. It is encouraging that tobacco control coalitions also have formed spontaneously without the intervention of the Department, with at least three non-funded coalitions currently active. Combined with local coalitions formed for ASSIST, a total of 21 community coalitions are working on tobacco control activities. This network of local coalitions is central to the "grassroots" component of advocacy efforts.

Michigan is also fortunate to have the energy and efforts of Alberta Tinsley-Williams and the Coalition Against Billboard Advertising of Alcohol and Tobacco (CABAAT) working against tobacco advertising in the Detroit area. Ms. Tinsley-Williams is a nationally known advocate for the elimination of tobacco and alcohol billboards in inner city communities. Through CABAAT, community groups in the Detroit area are being sensitized to the misleading advertising practices of tobacco companies.

Michigan ASSIST Project
Site Analysis
Tobacco Control Analysis

As mentioned above, the strongest advocate for tobacco control advocacy in Genesee County is the Smoke-free Multi-Agency Resource Team (SMART). The SMART Coalition is a county-wide tobacco reduction coalition made up of health and human service agencies, businesses, and individuals concerned with tobacco use. The coalition also supports legislative advocacy efforts through membership in TFMAC. SMART is the ASSIST coalition in Genesee County.

Allies in tobacco control in Genesee County include Sheriff Joe Wilson and the Mt. Morris Police (as mentioned above), Grand Blanc High School's Students Against Smoking program, and the local chapters of the American Cancer Society and the American Lung Association.

In the Upper Peninsula, several tobacco control coalitions have been active in the past and these will add experience to the network of 11 coalitions formed for the ASSIST Project. The coalitions are and will be the strongest advocates for tobacco control policies in the Upper Peninsula. Each coalition is currently identifying allies to add to the coalitions' effort to control tobacco.

In Detroit to date, CABAAT and the Detroit City Council have been the strongest advocates for tobacco control policy. The Detroit Project ASSIST Coalition, in its early stages, will build on those efforts.

MEDIA

Newspapers

Michigan residents are served by 387 newspapers. Of these, 54 are dailies, 322 are produced weekly or several times a week, and the balance appear less often. Included among these are community newspapers, shopping guides, newspapers serving special groups, and college and university papers.[19] Newspapers in Michigan can be represented as a group, and receive member services, through membership in the Michigan Press Association.

The Detroit News and *The Detroit Free Press*, although Detroit-based, serve as statewide newspapers in Michigan and are readily available throughout the state. The combined daily circulations of these papers is more than 1,300,000. The papers have united under a joint operating agreement in which they share some administrative functions. Under the agreement, the two corporations produce joint editions on Saturday and Sunday. *The Detroit News* is commonly perceived as the more conservative of the two papers, while

The Detroit Free Press is seen as more liberal in its editorial policies. *Detroit Free Press* editorials have frequently supported tobacco control activities, including an increased tobacco excise tax.

The major newspaper in Genesee County is *The Flint Journal*, a daily newspaper with a circulation of more than 110,000. In addition, weekly or semi-weekly newspapers serve the communities of Burton, Clio, Davison, Durand, Fenton, Flint Township, Flushing, Grand Blanc, and Mt. Morris. Mott Community College and the University of Michigan-Flint have campus newspapers.[20]

The Flint Journal is supportive of printing tobacco-related articles, both national and local. Recently, they have been particularly attentive to legislative initiatives. They are generally supportive of tobacco restriction, with objections generally couched in terms of individual rights or infringement on business. Editorials have generally been supportive and letters to the editor portray both sides of the tobacco issue. A *Journal* editor, Tom Lindley, sits on the Board of Directors of the American Lung Association of Genesee Valley.

Due to its large geographic area and widely dispersed population centers, many newspapers are published in the Upper Peninsula. Daily newspapers can be found in Escanaba, Houghton, Iron Mountain, Ironwood, Marquette, Menominee, and Sault Ste. Marie. Throughout the rest of the Upper Peninsula, 15 weeklies serve various communities. Northern Michigan University (Marquette) and Michigan Technological University (Houghton) have campus newspapers.[21]

In addition to the two major Detroit papers, four local areas--New Center, downtown Detroit, northeast Detroit, and Hamtramck--have weekly newspapers that focus on items of interest to residents of those areas. Although most of the surrounding suburbs have weekly newspapers that serve those communities, residents of Detroit would seldom refer to these papers for news or other information.

Fifteen specialized newspapers are produced in Detroit, some of which would be of particular interest to priority populations or be available through ASSIST channels. Detroit's African American community is served by *The Michigan Chronicle*, a weekly newspaper with a circulation of nearly 25,000. This paper has been published since 1936. Also targeted toward the African American community is *Michigan Citizen*, produced in Highland Park.

Television

Fifty one television stations are licensed to operate in the state of Michigan. Of these, 10 are independent stations not affiliated with the major networks. Public television stations

are found in most major cities in the state.[22] In addition, the state of Michigan is served by 207 cable television companies.[23]

Genesee County is served by TV channels 5, 12, 25, and 66. All of the TV stations are supportive of health issues, and consistently report on any new tobacco news. Channel 12's "Newsmaker" is a news talk show which has discussed the tobacco issue, most recently in relation to Genesee County's alarming chronic disease rates and the benefits of the tobacco tax. Channel 12 has worked with the SMART Coalition on a public service announcement regarding the effects of second-hand smoke. Their Community Relations Director is a former member of the coalition and provides project assistance when possible. Genesee County has more than 160,000 television households. Four cable companies serve Genesee County, with 53 percent of the Flint/Saginaw/Bay City area having cable service.[24]

Fewer television stations are found in the Upper Peninsula. Some areas, particularly the easternmost section of the U.P., have no local television news available to them. Cable television may be a means of disseminating tobacco control messages in the Upper Peninsula. Seventeen cable stations serve communities in the Upper Peninsula, seven of which are operated by the Bresnan Communications Company. Interestingly, cable penetration in Marquette is more than 70 percent, ranking it 27th among cities in the country.[25]

The metropolitan Detroit television market is ranked 9th in the country by population. Seven television stations broadcast out of the metropolitan area, one of which is a public station. Two of the seven are independent stations. In addition, residents of Detroit can watch CBET-TV from Windsor, Ontario, Canada. This gives this area access to tobacco reduction messages broadcast through the Canadian media. There are more than 1,714,000 television households in the metropolitan Detroit television market, a large percentage of which are located in the city of Detroit.[26]

The city of Detroit is served by one cable company, Barden Cable. Cable penetration within the city is approximately 58 percent and continually growing, as an increasing number of Detroit residents become subscribers.[27]

Radio

According to the 1990 *Broadcasting Yearbook*, Michigan has 379 radio stations, including 147 AM stations and 232 FM stations. Of these, 319 are commercial stations and 60 are non-commercial. Stations with formats that could be particularly helpful in reaching ASSIST tobacco intervention targets might include 14 talk stations, 9 educational stations, 5 stations with a Black format, 2 stations with foreign/ethnic programming, and 2 public affairs stations.[28] The Michigan Association of Broadcasters is a voluntary association that represents the interests of radio and television stations in the state.

Radio stations WCRZ, WIOG, WWCK, WKCQ, and WDZZ are a few of the stations that reach a variety of audiences in Genesee County. None are especially supportive of tobacco issues, although country music station WKCQ consistently reports on news releases sent by the SMART Coalition. Tobacco prevention public service announcements have been aired on several of the stations. The stations most frequently listened to by teens often favor shock value in the content of the shows and in the events they sponsor. Experiences discussed by some who have dealt with them are marginal to negative because of difficulty dealing with the stations' DJs. Stations serving primarily the Black community and the general adult population would likely work with the ASSIST Project because they have consistently demonstrated a commitment to the community.

Several radio stations serve the Upper Peninsula, mostly with formats that offer adult contemporary, country, or oldies music.[29]

Among the intervention regions, Detroit leads in the number of radio stations available to residents of the metropolitan area. Twenty four stations air from Detroit, while the total including the near suburbs is forty five. According to ARBITRON market definitions, metropolitan Detroit is the 6th largest radio market in the United States. Detroit residents can also tune in to at least two Canadian radio stations from Windsor, Ontario. Several stations in the Detroit area target their programming to African American audiences.[30]

Outdoor

Eight outdoor advertising companies provide billboard and sign space for advertising messages in Michigan. The largest of these companies--Adams Outdoor Co., Dingeman Advertising, Inc., and Gannett Outdoor Co.--dominate the field. Others, such as Patrick Media Group, Inc., Rich Outdoor Advertising Co., 3-M National Advertising Co., and Universal Outdoor, Inc., have fewer locations to offer. Most of the larger companies serve Detroit and Genesee County. Only Dingeman Advertising offers outdoor advertising space in the Upper Peninsula.[31] American Outdoor Advertising is a new company based in Genesee County that accepts no tobacco or alcohol advertising.

The SMART coalition has identified bus advertising and billboards as two other means through which Genesee County residents receive tobacco or anti-tobacco messages.

Michigan ASSIST Project
Site Analysis
Tobacco Control Analysis

COALITION PROCESS

Little coalition input was solicited for this section of the site analysis since it was mostly factual in nature. The exception was demographic data for the Native American and Arab communities, which were verified by representatives of those communities. Coalition members were given a draft copy of this section for review and comment.

At TFMAC's March meeting, the ASSIST slide show was presented and the coalition was asked to revise its operating rules to reflect its role as the statewide coalition for the Michigan ASSIST Project. During the ensuing discussion, the following concerns were expressed by coalition members:

* Possible weakening of TFMAC's legislative capacity due to ASSIST prohibitions on lobbying.
* Possibility of TFMAC's agenda being subsumed to ASSIST's needs.
* Threat of Freedom of Information Act being used to expose TFMAC's strategies.
* Possible need to make ASSIST coalition meetings a separate event from TFMAC meetings.

The coalition voted to form an ad hoc committee to look at these issues. In addition, these concerns were addressed in a letter from the TFMAC co-chairs to the coalition and in a second discussion at TFMAC's May meeting. At that time, the coalition quickly voted to approve an amendment to it's operating rules that detailed TFMAC's role in ASSIST.

The coalition also voted to amend its current mission statement to reflect participation in ASSIST:

> The Tobacco-Free Michigan Action Coalition seeks to reduce the prevalence of tobacco use in Michigan by half by the Year 2000. To do this, the coalition will prioritize and implement the recommendations of the 1989 Michigan Tobacco Reduction Task Force, as listed in the report, *Tobacco-Free Michigan 2000*. The coalition's efforts will be enhanced through participation in the ASSIST Project sponsored by the National Cancer Institute and the American Cancer Society.

Michigan ASSIST Project
Site Analysis
Tobacco Control Analysis

> The coalition is a statewide grassroots advocacy and information network, as well as a link to groups and organizations through which tobacco prevention and cessation programming can be provided.

For Genesee County, this section was largely compiled by the ASSIST Field Coordinator with little direct input from the SMART Coalition. In discussing the site analysis process, however, coalition members expressed concern that the site analysis be conducted correctly. Two coalition members have marketing experience and offered to work with the Field Director more closely on the site analysis, possibly developing strategies to obtain precise information about Genesee County.

The SMART Coalition developed the following mission statement:

> The Smoke-free, Multi-Agency Resource Team (SMART) seeks to reduce tobacco use and involuntary exposure to tobacco smoke in Genesee County. This will be accomplished through advocacy, education, and awareness efforts consistent with Tobacco-Free Michigan 2000 and the objectives of ASSIST.
>
> The SMART Coalition is a county-wide advocacy and information network, as well as a link to groups and organizations through which tobacco prevention and cessation programming can be provided.

The Genesee County Field Coordinator reported that the site analysis process was valuable in unearthing a great deal of information about the community. She views this information gathering as a continuously building process.

The coordinators of each of the Upper Peninsula coalitions contributed information for this section of the site analysis. Most of the coalitions are still in the formation process and will develop local mission statements at a later date. As a group, the U.P. tobacco coalition coordinators adopted the following mission statement for the overall Upper Peninsula ASSIST Project:

> The U.P. Tobacco Or Health Community Coalitions are committed to promoting and advocating for a tobacco-free lifestyle and environment in Michigan's Upper Peninsula. The Coalitions will empower the community to affect individual and social change through cooperation, sharing and coordination of resources.

The Detroit Project ASSIST Coalition has only recently been formed and did not contribute to this section of the site analysis. The coalition has developed a draft mission statement which will be discussed at the October coalition meeting.

[1] United States Department of Commerce, Economics and Statistics Administration, Bureau of Census. 1990 Census of Population and Housing: Summary Population and Housing Characteristics, Michigan.

[2] Michigan Department of Public Health. *Minority Health in Michigan: Closing the Gap.* (Lansing, MI: Michigan Department of Public Health, Center for Health Promotion, Director's Task Force on Minority Health, HP-95, 1988)

[3] Michigan Department of Public Health. *Minority Health in Michigan: Closing the Gap.*

[4] United States Department of Commerce, 1990 Census of Population and Housing.

[5] United States Department of Commerce, 1990 Census of Population and Housing.

[6] United States Department of Commerce, 1990 Census of Population and Housing.

[7] Wood, Suzanne. "More kids join ranks of poor; Child poverty acute in state," *The Lansing State Journal*, August 12, 1992; and phone communication with the Children's Defense Fund.

[8] Rafferty, A.P., ed., *Health Risk Behaviors: 1990.* (Lansing, MI: Michigan Department of Public Health, February 1992.)

[9] U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research, Center for General Health Services Intramural Research. *Personal Health Practices: Findings from the Survey of American Indians and Alaska Natives.* AHCPR Pub. No. 91-0034, July 1991.

[10] Rice, V.H., Kulwicki, A. "Cigarette Use Among Arab Americans in the Detroit Metropolitan Area," *Public Health Report: The Journal of the U.S. Public Health Service;* In Press.

[11] Rafferty. *Health Risk Behaviors: 1990.*

[12] Mayer, J.M., Thrush, J., Chan, V., and Mills, E.M. *Health Risk Behaviors: 1987.* (Lansing, MI: Michigan Department of Public Health, February 1988.)

[13] Short, William M., M.D. "An Adolescent Health Survey of Ninth and Twelfth Graders in Marquette County, Michigan," Marquette, Michigan, 1987. Unpublished.

[14] U.S. Department of Health and Human Services, Centers for Disease Control, Public

Health Service. "Tobacco Use Among High School Students-United States, 1990," *Morbidity and Mortality Weekly Report;* 40(36), September 13, 1991.

[15] U.S. Department of Health and Human Services, Centers for Disease Control, Public Health Service. "Cigarette Smoking Among Youth-United States, 1989," *Morbidity and Mortality Weekly Report;* 40(41), October 18, 1991.

[16] Blum, R. W., Harmon, B., Harris, L., Bergeisen, L., Resnick, M.D. "American Indian-Alaska Native Youth Health," *The Journal of the American Medical Association*; 267(12): 1637-1644, March 25, 1992.

[17] Sales data supplied by the Michigan Department of Treasury, Bureau of Revenue, Motor Fuel, Cigarette and Miscellaneous Taxes Division (Lansing, MI).

[18] Calculations of smoking-attributable mortality in Michigan were made by the Michigan Department of Public Health, Center for Health Promotion and Chronic Disease Prevention, Division of Programs, Tobacco Section, using SAMMEC II (Smoking-Attributable Mortality, Morbidity, and Economic Costs) software available through the U.S. Centers for Disease Control. Original data used in the calculations were supplied by: Michigan Department of Public Health, Office of the State Registrar and Center for Health Statistics (overall mortality data, 1990); Michigan Department of Public Health, Center for Health Promotion and Chronic Disease Prevention Division of Surveillance and Analysis (smoking prevalence data, 1990); and Health Management Associates, Michigan Health System Data Series (health care cost data, projected from 1987).

[19] Michigan Press Association. *Michigan Newspaper Directory for 1990.* Lansing, MI: Michigan Press Association, 1990.

[20] Michigan Press Association. *Michigan Newspaper Directory for 1990.*

[21] Michigan Press Association. *Michigan Newspaper Directory for 1990.*

[22] Broadcasting Publications, Inc. *The Broadcasting Yearbook, 1990.* Washington, D.C.: Broadcasting Publications, Inc., 1990.

[23] Broadcasting Publications, Inc. *The Broadcasting Yearbook, 1990.*

[24] Broadcasting Publications, Inc. *The Broadcasting Yearbook, 1990.*

[25] Broadcasting Publications, Inc. *The Broadcasting Yearbook, 1990.*

[26] "Spotlight on the Top 20 Markets," Advertising Age (Special Advertising Section), August 10, 1992.

[27] Broadcasting Publications, Inc. *The Broadcasting Yearbook, 1990.*

[28] Broadcasting Publications, Inc. *The Broadcasting Yearbook, 1990.*

[29] Broadcasting Publications, Inc. *The Broadcasting Yearbook, 1990.*

[30] Broadcasting Publications, Inc. *The Broadcasting Yearbook, 1990.*

[31] Leading National Advertisers, Inc. *Buyers' Guide to Outdoor Advertising,* Vol. 24(2). New York: Leading National Advertisers, Inc., September 1989.

PRIORITY POPULATION ANALYSIS

The overall ASSIST goal is to reduce the Michigan adult smoking prevalence to 17 percent by 1998. Because Michigan's smoking prevalence is higher than all other ASSIST sites, this presents a particular challenge to the Michigan ASSIST Project.

Based upon 1990 BRFS and Census data, there are approximately 1,996,300 adult smokers in Michigan. To determine the number of persons who must be deterred from smoking to reach the 17 percent goal, the dynamics of the system of "current smokers" were explored. A dynamic model was constructed that considered new smokers entering the system, current smokers leaving the system due to quitting, and current smokers leaving the system due to death from smoking-attributable disease or other causes. Although we recognize that the system is also affected by former smokers who return to smoking, we have not yet been able to develop a satisfactory method to calculate this estimate. By failing to take into account recidivism, the model tends to under estimate the magnitude of the task before us.

Smokers Entering the System

It is estimated that 218,000 new Michigan smokers entered the system in 1990. This number was derived by adding the number of 18-year-olds who smoke to the number of individuals who begin to smoke between the ages of 19 and 35. (For purposes of this model, it was assumed that all of those who smoke begin to do so by age 35.)

By applying the prevalence estimate of 30.6 percent from the Teenage Attitudes and Practices Survey (previously cited) to 1990 Michigan census data, it was estimated that approximately 43,800 18-year-olds smoked in 1990. The number of new smokers who entered the system between the ages of 19 and 35 was calculated by using 1990 census data, 1990 BRFS prevalence estimates of never smokers 19 to 35 years of age, and applying smoking initiation rates derived by Escobedo et. al. (1990) from the 1987 National Health Interview Survey to this population.[1] Accordingly, about 174,200 Michigan residents between the ages of 19 and 35 initiated smoking in 1990. Adding these new smokers to the new 18-year old smokers yields an estimate of 218,000 new smokers entering the system each year in Michigan.

Smokers Leaving System

We estimated that for 1990, 141,100 Michigan smokers left the system. This number consists of current smokers who quit and current smokers who died from all causes in that year.

Michigan 1990 BRFS data indicated that 6.1% of Michigan smokers quit successfully (one month or more). This means a total of 131,300 quitters were successful for that year. The total number of smokers who died was estimated by applying smoker mortality rate estimates from the American Cancer Society Cancer Prevention Survey II (CPS II)[2] to 1990 Michigan population data. Using these figures, we estimated approximately 9,800 current Michigan smokers died from any cause in 1990. Thus, estimates of total mortality and quitting among current smokers suggest that about 141,100 smokers left the system in 1990.

Net Change

In total, our model yielded a net gain of nearly 77,000 new Michigan smokers in 1990. That figure would correspond to an increase in smoking prevalence of about 1.1 percent per year in the state. Indeed, this is consistent with Michigan BRFS data from 1988 to 1990 (26.7 to 29.2 percent). However, this trend in increasing prevalence is not statistically significant given the size of the confidence intervals of the above prevalence estimates. It is also possible that there has been no significant change in smoking prevalence over the last three years. Nevertheless, at the least, it appears that Michigan did not experience the gradual decline in smoking prevalence observed on the national level during this period of time. According to this model, 77,000 additional individuals (nonsmokers who are prevented from starting, smokers who quit or, less happily, smokers who die) must leave the system annually just to maintain Michigan's 1990 smoking prevalence of 29.2 percent.

Reaching the ASSIST Goal

Thus, based on our estimates for 1990, a total of 1,875,200 individuals must be deterred from smoking by 1998 to reach the ASSIST goal of 17 percent. This means that for each year of the ASSIST intervention, 375,000 individuals must either quit smoking or be dissuaded from starting. This represents a net annual increase of 243,700 persons leaving the system each year of the intervention phase, or a total of 1,218,700 additional persons, beyond those currently leaving the system, over the life of the project.

Cessation vs. Prevention

The above analysis strongly supports the conclusion that neither cessation strategies nor prevention strategies alone will be sufficient to reach the ASSIST goal.

In evaluating the potential success of a "prevention only" strategy, the efficacy of a 100% prevention program was applied to the target figures. Even if every potential new smoker was prevented from initiating smoking, the project would fall short of its goal by 25,700 persons each year. Even if no one started smoking, 166,800 persons would still need to leave the system annually to reach the goal of 17 percent prevalence by 1998. But only 141,100 individuals currently leave the system each year due to mortality or quitting, thus a "prevention only"strategy would fall short by at least 25,700 persons each year.

A "cessation only" strategy was also evaluated for its potential in meeting project goals. Assuming that the number of current smokers who died in 1990 (9,800) remains relatively constant over the life of the project, nearly 2 million smokers would need to quit to reach the ASSIST goal of 17 percent prevalence. This represents more than a doubling of the current number of successful quitters. Data from the 1990 Michigan BRFS suggest that approximately 40 percent of smokers attempt to quit each year, and slightly more than 5 percent of them are successful (for one month or more). While it is theoretically possible to reach the ASSIST goal by simply increasing the number of quit attempts or the success rate, a "cessation only" approach, in reality, would not achieve the desired goal for the Michigan ASSIST Project.

In summary, the populations chosen for intervention under the ASSIST project must be large enough to affect the behavior of at least 1,218,700 people, and it must include both current and potential smokers. Although prevention has been identified as a high priority for the Michigan ASSIST coalition, as will be noted below, it is obvious that cessation must be given a higher priority in the mix of strategies than the politically more attractive prevention strategies, if Michigan is to reach its ASSIST goal.

An initial discussion of priority populations took place at the April ASSIST Steering Committee meeting. In short, the group determined that virtually all of the priority populations identified by ASSIST were appropriate and necessary targets for ASSIST interventions in Michigan. Only "heavy smokers", comprising 11 percent of smokers in the state, were seen as not warranting special interventions. Rather, the committee recognized that they were included in other priority groups and would benefit from interventions directed at those populations, such as the training of physicians to help smokers to quit.

The Steering Committee identified common themes among many of the priority groups, such as struggle for autonomy and rights, rebellion against authority, powerlessness, and economic pressures. Interventions that take these issues into account may be effective for

several groups. Furthermore, they recognized that strategies affecting broad statewide policies would affect all priority groups.

Because Michigan's population is heterogeneous, the Donnely marketing data were not of help in identifying priority populations for the statewide site. The largest cluster included only 8 percent of smokers and grouping the clusters only marginally improved the data's usefulness. The Donnely data proved to be considerably more helpful in the intensive intervention regions of Detroit and Genesee County, which have more homogeneous populations.

Specific points of discussion for the priority groups follow. The information below applies to population groups statewide as well as within each of the intervention regions, unless noted.

Youth

The ASSIST Steering Committee feels strongly that prevention should be the first and foremost strategy for the Michigan ASSIST Project. Members believe that keeping individuals from beginning to smoke is easier and preferable to helping them to quit later in life. Studies show that 90 percent of smokers begin before the age of 21 and that persons who become addicted to nicotine at an early age will smoke more cigarettes. Therefore they are at greater risk for tobacco-related disease--and premature death--as adults. Prevention would have the greatest long-term impact on chronic disease. It is estimated that approximately 43,000 new smokers enter the adult smoking population at age 18 each year in Michigan.

The Steering Committee noted that, although children in 90 percent of Michigan schools get K-8 tobacco education through the Michigan Model health curriculum, these traditional education messages may be ineffective with students of middle school age and older. At this age, students become motivated by peer pressure, social status, and advertising messages. Therefore, members felt that a carefully crafted message and the right messenger were of the utmost importance in reaching this group.

Census data show that approximately 10 percent of Michigan residents between the ages of 16 and 19 have not graduated and are not enrolled in high school. Key informants also noted different approaches are needed for students who stay in school vs. those who drop out before completing high school.

Teens who stay in school generally have a more hopeful belief system and a greater understanding that delaying gratification today may have long-term benefits. They are more likely to be from homes where one or both parents are nonsmokers. The factors that

encourage them to smoke are largely external, so that laws that decrease access to tobacco for minors may be most effective for this group.

In contrast, teens who don't continue in school generally have lower aspirations for the future and are focused on short-term goals. Straight health information on the long term benefits smoking may not change their behavior, no matter what the source of the message. These youth are more likely to grow up in homes where one or both parents are smokers. The factors that encourage this group to smoke are both internal and external so that anti-smoking messages must address their belief system in order to create behavior change.

Another group that should be given consideration is vocational education students. While they are continuing in school, they often share the less hopeful vision of the future seen in high school drop-outs and are likely to be from families who smoke. Also important is the fact that a higher percentage of these teens work compared to other teens. Consequently they spend more time in adult settings and are exposed to adult role models who smoke.

All key informants agreed that tobacco reduction efforts that remain only in the schools or that take the form of traditional education lessons would not be effective for adolescents. At this age, teens are mostly influenced by other young people, and more specifically, by teens that are most like themselves. Advice from adults is not heeded. Other sources of information are television and radio. Suggested avenues for the anti-smoking message are videos, music (especially rap), theater troops, and youth-led discussion groups.

Furthermore, when youth tobacco messages are confined to the schools, the project loses the opportunity to affect broader community change from these efforts. As long as the public believes that it is the schools' responsibility to prevent tobacco use, communities can feel that the problem is taken care of. The project has lost an opportunity to change community attitudes.

According to focus groups sponsored by the California Department of Health, attitudes of children and teenagers toward anti-tobacco media messages were age-related, not culturally-related, and were consistent across ethnic groups. The report states, "...teens and pre-teens have their own culture which competes with their ethnic cultures."

Both the Steering Committee and key informants suggested using teen focus groups to evaluate the message and interventions. Also noted was the possibly of forming a "youth coalition" to advise the ASSIST Project.

All three of the intensive intervention regions have chosen youth as a priority population.

Michigan ASSIST Project
Site Analysis
Priority Population Analysis

Key informants/resources:

1. Bruce Haas, Executive Director, Michigan Network of Runaway and Youth Services
2. John Tucker, Executive Director, Youth Development Corporation
3. Karen Kassner Krapohl, Training Coordinator, Michigan Association of Children's Alliances
4. Ada Bird, President, Michigan School Nurses Association
5. Annette Abrams, Associate Director, Children and Family Service Institute, Michigan State University
6. Jackie Washington, Pontiac Area Urban League
7. Corcoran, R.D. and John P. Allgrante. "Vocational Education Students: A Difficult-to-Reach Population at Risk for Smoking-Related Cancer," *Journal of School Health*, 59(5): 195-198, May 1989.
8. U.S. Department of Health and Human Services. "Office on Smoking and Health Communications Plans: Reaching African Americans with Anti-Tobacco Messages (Draft)", February 1991.
9. U.S. Department of Health and Human Services. *Reducing the Health Consequences of Smoking: 25 Years of Progress. A Report of the Surgeon General.* (Rockville MD: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. DHHS Publication No. (CDC) 89-8411, Prepublication version, January 1989.)

Ethnic and Racial Minorities

The Michigan Department of Public Health has a responsibility to ensure that all groups in the state have access to information and services that will enhance their health status. The ASSIST Steering Committee agreed that interventions should be targeted toward the major ethnic and racial minorities in Michigan--African Americans, Native Americans, Arab Americans, Latinos, and Asian Americans. The committee noted that current smoking cessation interventions have not been as successful as hoped in reaching these groups and that "radical new work" was needed in this area. They hoped that ASSIST would be a vehicle for identifying and implementing strategies that would successfully reduce smoking prevalence in these populations.

The Department's Office of Minority Health will help the ASSIST Project reach Michigan's racial and ethnic groups. In addition, the American Lung Association of Michigan recently received funding for a Multi-Cultural Affairs Project from the Department. Coordination with that project will enhance the effectiveness of both efforts.

Michigan ASSIST Project
Site Analysis
Priority Population Analysis

The Genesee County ASSIST Project has identified minorities as a priority population for many of the reasons that follow. African Americans and Native Americans are two of the county's primary racial minority groups.

The Upper Peninsula ASSIST coalitions have identified Native Americans as a priority group for those counties where Native American make up a significant proportion of the population, including Chippewa County (18 percent of the county population), Mackinac County (16 percent), and Baraga County (12 percent). Marquette County also has a sizeable number of Native American residents, although they amount to only 4 percent of the county's population.

Because the population of the city of Detroit is primarily African American, the general tobacco reduction messages for this community will be targeted toward African Americans. In addition, the Detroit Project ASSIST Coalition has identified African American men as a group of particular concern. Although small in number, other racial and ethnic minorities are an important part of the Detroit community. The Coalition therefore would like to target some interventions toward Latino, Arab American, Asian, and Native American residents of the city. Given limited resources, it was determined that these interventions should be developed at the state level and promoted by the Coalition in Detroit.

African Americans. Focusing on African Americans in Michigan would be warranted by sheer numbers. This group makes up about 14 percent of the Michigan population and is a strong political and economic constituency in the state. Beyond numbers, however, African Americans are known to have higher incidence and mortality from most tobacco-related diseases than the general population. An investment in reducing smoking in this population would have a significant impact on future chronic disease rates and mortality.

Although the 1990 BRFS did not detect a significant difference in smoking prevalence between African Americans and Whites, national data and previous Michigan surveys have noted that the smoking prevalence for African Americans is higher than for Whites. Based upon 1990 BRFS and Census data, there are approximately 257,000 adult African American smokers in Michigan. African Americans in Michigan also have a quit ratio that is significantly lower than Whites. Smokeless tobacco use is apparently not a problem among African Americans in Michigan.

The bulk of Michigan's African Americans (65 percent) live in the ASSIST intensive intervention regions of Detroit and Genesee County. Therefore, the Steering Committee determined that the major locus of interventions for African Americans should be those community ASSIST projects. Some interventions will also be included in the statewide project, however.

Michigan ASSIST Project
Site Analysis
Priority Population Analysis

Key informants and resources indicate that the values of family, church, and community are motivating factors for African Americans and might offer the best appeal for anti-tobacco messages. Supporting this is the report of a Philadelphia focus group on tobacco issues involving African Americans. This report indicated that health risks were not viewed as a primary motivator for quitting smoking because the participants shared a belief in the inability to influence their own health. Factors such as social disapproval and cost were more important. Other focus groups of African Americans identified being a role model for one's children and religious teachings as compelling reasons to quit smoking.

Television is the most popular mass media among African Americans, with health information gleaned from talk shows, news programs, and commercials. Radio is also a way to target information to African Americans through stations and programming aimed specifically at this audience. The advantage of radio is that it often serves as a "community voice," as well as a source of information.

While African American newspapers reach fewer persons than the broadcast media (or mainstream newspapers), they have the benefit of credibility among readers and the ability to make the message relevant to readers. In Michigan, there are at least two major African American newspapers: *The Michigan Chronicle*, published in Detroit but with statewide distribution, and *The African American Gazette*, from Grand Rapids. These newspapers do not seem dependent upon tobacco advertising for financial support.

The use of billboards and bus signs is a strategy that works well for the tobacco industry in African American communities and therefore should be considered by tobacco control advocates. As noted earlier, central city neighborhoods, often populated by African Americans, are inundated with billboards and other signs. Detroit and Flint both have city-wide bus service, with advertising posters in the buses.

Unfortunately, there are many factors that work against successful tobacco reduction efforts in the African American community. Many community organizations and community leaders depend upon the flow of tobacco industry dollars to keep their efforts alive. Some recognize the problem inherent in accepting these funds, but feel they have no alternative. When African American publications accept tobacco advertising as an important revenue source, the potential for those publications to fail to print factual information on the dangers of tobacco use is high. As is true for many politicians, African American legislators are often recipients of tobacco industry dollars for their re-election campaigns. All such displays of largesse by the tobacco industry are designed to establish its credibility among African Americans and to silence opposing voices.

With the influence of the tobacco industry so strong in these communities, it is not surprising that the anti-smoking message has had a difficult time reaching African Americans. In addition, cessation and prevention programs and materials with culturally

appropriate messages have not been readily accessible to this population. The ASSIST Project may be able to aid in the dissemination of these materials in Michigan.

Social and economic problems that present themselves with greater urgency in African American communities also muffle tobacco reduction messages. Drugs, violence, unemployment, and poverty are often the concerns of daily life that leave community leaders and members little time or energy to confront the more long-term (though more deadly) threat of tobacco use.

Key informants have noted that, even with the focus on drug awareness and prevention in African American communities, tobacco is seldom considered. Some have suggested that trying to integrate tobacco into a broader drug awareness program is counter-productive since the tobacco message will be drowned out.

One example of successful blending of tobacco into the broader addiction picture is the Coalition Against Billboard Advertising of Alcohol and Tobacco (CABAAT). Detroit-based CABAAT has built a national reputation for strong opposition to the blanketing of communities with these billboards and for its education program on misleading advertising. CABAAT is a strong voice against tobacco in Detroit. The group is a member of the Detroit Project ASSIST Coalition, and it has worked jointly with TFMAC on related projects.

Key informants/resources:

1. Cheryl Anderson-Small, Director, Office of Minority Health, Michigan Department of Public Health
2. Jackie Washington, Pontiac Area Urban League
3. Gilbert Williams, Researcher, Healthy U, Michigan State University
4. Junius Griffin, Professor of Humanities, Michigan State University
5. Marvel Lang, Director, Center for Urban Affairs, Michigan State University
6. U.S. Department of Health and Human Services. "Office on Smoking and Health Communications Plans: Reaching African Americans with Anti-Tobacco Messages" (Draft), February 1991.
7. Robinson, R.G, Pertschuk, M., and C. Sutton. "Smoking and African Americans," from Improving the Health of the Poor: Strategies for Prevention. Edited by Sarah E. Samuels and Mark D. Smith, May 1992.

Native Americans. High rates of chronic disease in the Native American population make it a prime target for smoking cessation efforts, although this group is small in numbers in Michigan.

Michigan ASSIST Project
Site Analysis
Priority Population Analysis

Using the national prevalence figure for Native Americans from Part I, there are an estimated 12,000 adult Native Americans in Michigan who smoke. Key informants feel that smoking is high among Michigan's Native Americans and national surveys verify that smoking rates are higher among this group than other population groups.

Interviews with key informants show that health care professionals have a high awareness of and a commitment to tobacco prevention and cessation efforts among Native Americans. Conveying this message to the Native American community is a challenge due to other pressing problems they face. The poverty rate among Native Americans in Michigan is 49 percent, with an unemployment rate of 54 percent. The accompanying economic and social pressures generally take precedence over preventive health behaviors. Lack of medical care coverage and transportation hinders utilization of health care and other services.

An additional barrier in the Native American community is the high rate of alcohol abuse. Surveys show that alcohol abuse and tobacco use are highly correlated. Interestingly, 50 percent of Michigan's Native Americans are 20 years of age or younger. Native American children are more likely to drop out of school than children from other groups, so school-based tobacco education may be less effective with them.

Organically grown tobacco is an important part of traditional Native American ceremonies. Health care workers attempt to emphasize the distinction between ceremonial use of tobacco and regular use of commercial tobacco. Their message is that tobacco use outside of these rituals is considered tobacco abuse.

Key informants noted that successful tobacco reduction interventions in the Native American community should stress traditional Indian values and use established networks. Efforts perceived as "preaching" or too directive from outside of the community would be offensive. Structured activities should be interactive and egalitarian, not authoritative.

The Michigan Commission on Indian Affairs, funded by the state, produces *Michigan Indian Quarterly*, a newsletter that the ASSIST Project might use to get tobacco reduction messages to Native Americans statewide.

Many Native American service groups are skeptical of programs "offered" to their communities by the government or other outside groups. One key informant noted that the problems of Native Americans have been repeatedly surveyed and measured but solutions are seldom forthcoming. Alternatively, when programs are developed for Native American communities, it is sometimes with little or no input from Native Americans themselves. Community organizations resent this paternalism. If ASSIST is to be a meaningful intervention with Native Americans, it is clear that representatives of this group must be a part of the process from beginning to end.

Michigan ASSIST Project
Site Analysis
Priority Population Analysis

Key informants/resources:

1. Diana Marble, R.N., Director of Health Promotion, Saginaw Chippewa Indian Tribe Community Health Center
2. Phil Alexis, Chairman, Confederated Historic Tribes of Michigan
3. Lucy Harrison, Administrator, Detroit American Indian Association
4. Char Hewitt, Health Service Director, Intertribal Council of Michigan
5. Edith V. Young, Academic Counselor, Detroit Indian Educational and Cultural Center
6. Myrtle McCall, North American Indian Association of Detroit
7. Betty L. Kienitz, Executive Director, Michigan Commission on Indian Affairs

Arab Americans. The metropolitan Detroit area has the largest concentration of Arabs of any state in the nation. Very little information has been collected about the health status or behaviors of this group. Furthermore, a lack of solid population data makes it difficult to estimate the number of Arab American smokers in Michigan, although the previously-mentioned study estimates a smoking prevalence of nearly 39 percent. Some key informants suggest a much higher rate.

The Arab American community is well structured for health promotion interventions. Most Arab Americans are geographically centralized in the tri-county area in and around Detroit. There is strong cultural identification among its members and readily identifiable service and social organizations. Furthermore, Arabs of different nationalities share a common language.

According to key informants, tobacco holds no cultural significance for Arabs, so tobacco reduction messages are acceptable. Also, the cultures of the various Arab nationalities are similar enough that a message could be designed that would be appropriate for all groups.

One key informant notes that the Arab culture is a "shame" culture, meaning that impetus for behavior comes from external factors and the society requires conformity. (By contrast, the U.S. has a "guilt" culture, with behavior driven internally.) The Arab culture is also very authoritarian. Because of the continuing influx of new immigrants into the Detroit area, these traditional cultural values are continually reinforced among Arabs settled here. Strong family values are an important part of the belief system.

According to another key informant, one obstacle for changing smoking behavior among Arab Americans is the high degree of socializing in this community. Arab Americans congregate socially several times a day and smoking is widespread during these times. It is difficult for an individual to quit smoking when his or her reference group continues to smoke at social gatherings. On the other hand, these gatherings may be seen as an opportunity to share information on the hazards of smoking.

Michigan ASSIST Project
Site Analysis
Priority Population Analysis

There is a high illiteracy rate in the Arab American community, so tobacco reduction messages must come in forms other than written material. The focus for these messages should include the health aspects of smoking but should emphasize data or problems specific to the Arab population so that the message will be more relevant.

Interestingly, Detroit's Arab population has a median age (23.2) which is significantly lower than the median age of the general Michigan population (32.6). This will be an important factor in planning interventions for the Arab American community.

Health professionals serving this community are very interested in increasing tobacco reduction interventions and are actively seeking funding for such programs. They stress that outreach should be an important part of these efforts, to better reach those who are not regular users of community services.

They recommend the media as an important route through which to reach Arab Americans. There are two Arab newspapers in the tri-county area, *Chaldean Detroit Times* and *Arabic News*. While tobacco and health messages may be found in the mainstream Detroit newspapers, they will be better accepted if they come through the Arab media. Also, many Arab Americans are regular viewers of the Arab cable channel in the area, although not all Arab homes have access to cable or can afford it.

Key informants/resources:

1. Ali Kaddoura, M.D., former Medical Director, Arab Community Center for Economic and Social Services
2. Radwan Khoury, Assistant Director, Arab American and Chaldean Council
3. Anahid Kulwicki, Oakland University School of Nursing and Arab Community Center for Economic and Social Services
4. Rice, V.H., Kulwicki, A. "Cigarette Use Among Arab Americans in the Detroit Metropolitan Area," *Public Health Report: The Journal of the U.S. Public Health Service*; In Press.

Latinos. Aggregated BRFS data suggest that there are an estimated 31,000 adult smokers of Hispanic origin in Michigan. According to key informants, acculturation is a factor in smoking prevalence among Latinos as well as the approach that is needed to encourage smoking cessation. In general, Latino women may take up smoking after they have been in this country for a period of time, while Latino men may quit smoking.

Cessation materials for recent arrivals would need to be in Spanish, and geared toward men since few women who are new immigrants will be smokers. For those who have been acculturated, materials for both men and women can be in English. The older Latino population should have materials in both English and Spanish, with lots of pictures and other visual aids. As with other ethnic and racial groups, the nonsmoking message

will be better accepted if posters, ads, and other materials include pictures of Latinos. Television or radio ads in Spanish will be attention-getters because there are so few on the air. The approach in materials should vary by nationality to be most effective.

For Latinos, the values of family and community are important and would be a good appeal for anti-smoking messages. For men, smoking is part of the Latino macho culture. According to key informants, an authoritarian message will not be well-accepted because Latinos have been told what to do by the dominant culture so much in the past. Rather, the appeal should be to reason and to family or health concerns.

As was mentioned by key informants for other ethnic and racial groups, Latinos are often not included in the planning or decision-making for programs affecting their community. Consequently the programs are not effective or well-accepted.

There is a strong network of Latino service organizations in the state, including health centers, youth organizations, and senior services. When Latinos use other services geared toward the general public, the language barrier is often a problem. Additional barriers are lack of finances and cultural insensitivity toward Latinos.

El Central is the Hispanic newspaper in the Detroit area. Papers from other areas (e.g., Toledo, Ohio) are also available. Many radio stations in the state, particularly public radio, have Spanish-language programming. Channel 54 is a Spanish cable TV channel in Detroit.

Michigan's Latino population increases during the summer months when migrant workers move north for seasonal agricultural work. One key informant discouraged tobacco reduction messages in the migrant camp setting because the intensity of the farm work would make the men unaccepting of such interventions and the women generally do not smoke. Other key informants disagreed and encouraged outreach to migrant workers.

Key informants/resources:

1. June Grube Robinson, Technical Assistance Director, Midwest Migrant Health Information Office
2. Gus Breyman, Job Training and Development, Michigan Department of Labor
3. Tomasa Velasquez, Clinic Director, Cristo Rey Community Center, Lansing
4. Alberto Flores, Assistant to the Director, Michigan Commission on Spanish Speaking Affairs
5. Ricardo Guzman, CHASS Health Center, Detroit
6. Toni Villaruel, Hispanic Nurses Association
7. Osvaldo Rivera, Latino Family Services, Detroit
8. Raul Alvarez, Project Coordinator, Capital Area Literacy Coalition

9. Perez-Stable, E.J., et al. "Evaluation of 'Guia para Dejar de Fumar,' a Self-Help Guide in Spanish to Quit Smoking," *Public Health Reports*; 106(5): 564-570, September-October, 1991.

Asian Americans. The Asian American population will present the biggest challenge for tobacco reduction among Michigan's racial and ethnic groups. The primary reason is that Michigan's Asian population is made up of persons of many nationalities, all of whom differ in important ways. Asians may be from 43 different countries and speak over 100 languages and dialects. Social and economic factors and health status vary widely among these groups. The overall Asian population of Michigan is slightly greater than 1 percent of the total population, but a breakdown of Michigan Census data by nationality shows a range from 24,000 Asian Indians to fewer than 1,000 Cambodians. The total number of Pacific Islanders living in Michigan is less than 1,500.

While some estimates of smoking prevalence for Asian Americans as a whole are available, these aggregated data mask the wide variation in smoking practices for Asians of different nationalities. This variation is supported by anecdotal reports by key informants. However, both the literature and key informants note that smoking practices among Asian Americans change with degree of acculturation.

Recent male immigrants from all Asian countries generally smoke more than men in the overall population while Asian women smoke less than women in the overall population. For Asian men, this reflects high smoking rates in their countries of origin, rates which have increased in recent years due to heavy marketing of American tobacco products in those countries. For Asian women, however, cultural norms against smoking have kept rates low for women who have recently immigrated. According to key informants, there is low recognition of the health risks of smoking among newly immigrated Asians. In particular, cancer is viewed as something that "happens to Americans." As Asians become acculturated in this country, smoking rates for Asian men decrease while smoking among Asian women increases.

Barriers to working with this population include stereotypes which portray Asian Americans as wealthy, well-educated high-achievers, with few health problems. These stereotypes once again mask vast differences between Asian subgroups. Japanese, Chinese, and Filipino Americans are more likely than other Asian Americans to be well-educated and financially secure. Therefore they are more likely to have benefited from tobacco reduction efforts that have reached Americans in this socio-economic class. However, other Asian subgroups share economic and social problems that are common for many Americans. These groups face the same barriers to reducing tobacco use that exist for less educated individuals with low income. According to the MDPH Office of Minority Health, the Hmong population has been identified as the Asian group at greatest health risk in the state.

Language differences are also a major factor to be considered in working with the Asian American population. As noted above, there are more than 100 Asian languages and dialects. According to the Asian American Health Forum, the proportion of Asian Americans (other than Hawaiians) who speak a language other than English at home ranges from 40-82 percent, depending on nationality. This language barrier will make it difficult for Asian Americans to benefit from nonsmoking messages geared toward the general population. Given this information and the small number of Michigan residents who are of certain Asian nationalities, developing and/or disseminating tobacco reduction materials that will adequately reach subgroups may be difficult.

Furthermore, services to the Asian American population in Michigan seem to be more fragmented than for other racial or ethnic groups. A directory of Asian American-Pacific Islander organizations in Michigan was produced through the Hmong Project of the Asian Americans Citizens for Justice. However, the hundreds of organizations listed in the directory reflect the diversity of nationalities discussed above, which made information gathering difficult. For planning and implementing ASSIST activities, there seem to be no larger coordinating organizations or networks that will provide input from and access to a large number of Asian Americans. Michigan law establishes a Commission on Asian and Pacific Islander Affairs, but no state funding is provided for this commission.

In gathering information on characteristics and attitudes of Asian Americans, it is again important to remember the difficulty of making generalizations about such a diverse population. However, most key informants noted that Asian Americans take pride in presenting a good image to the outside world. Conformity is highly valued. There is a strong emphasis on good character and its relationship to health, happiness and prosperity. Generally, Asians want a better life for their children than they have themselves. It may be helpful to tie the nonsmoking message to the ability to make a better life for oneself and one's children.

Other key informants noted that education is highly valued for Asian Americans. In many communities, there are Asian schools that operate on weekends and in the evenings. These schools would tend to reinforce traditional values for Asian American children, such as the importance of parental authority and role modeling in shaping the direction of children's lives. Asians also tend to be a religious community, including Islam, Hindu, Buddhist, and Christian. These networks could be an important channel for the ASSIST message, because the influence of trusted religious leaders would be very strong.

Asian student organizations may be a good network for disseminating nonsmoking information. According to key informants, there is a large number of Asian students in Michigan's universities. Many of these students are under pressure from their families who have remained in the home countries to be successful in school. This encourages smoking as a means of relaxation for these students.

Key informants also note that Asians are avid readers. There are several Asian newspapers from other parts of the country available by mail. One Chinese newspaper is printed in Ann Arbor and distributed in Michigan, Ohio, and Ontario. To reach Asian American men in business, the ASSIST Project could consider placing information in trade publications. The electronic media, including cable television and radio, also is a good means of reaching Asian Americans in Michigan.

Asian food stores are a common point of contact within communities. It may be possible to work with proprietors on ASSIST interventions. Most Asian stores also rent videos in various languages. Videos have been produced in Cantonese and Filipino that include nonsmoking messages. This was noted as a way to reach Asian American women.

Key informants/resources:

1. Sunny Chiu, Office of Policy, Planning, and Evaluation, Michigan Department of Public Health
2. Yee Leng Hang, Asian American Representative, Minority Student Services, The University of Michigan
3. Paul Dean Webb, Foreign Student Office, Eastern Michigan University
4. Elizabeth Chung, Office of Minority Health, Ohio Department of Health
5. Yu, Elena S. H. "The Health Risks of Asian Americans" (Editorial), *American Journal of Public Health*; 81(11): 1391-1392, November, 1991.
6. *Asian American-Pacific Islander Organizations in Michigan*, Submitted by American Citizens for Justice, Inc., Tou-Yi Hang, Project Director of the Hmong Project.
7. Chin, Steven A. "Video ads urge Asians to stop smoking," *San Francisco Examiner*, May 17, 1991.
8. "Asian/Pacific Islanders: Dispelling the Myth of a Healthy Minority." Factsheets developed by the Asian American Health Forum, Inc., San Francisco, CA.
9. Han, Eugene. "Korean Health Survey in Southern California: A Preliminary Report on Health Status and Health Care Needs of Korean Immigrants." Paper presented at the Third Asian American Health Biennial Forum, "Asian/Pacific Islanders: Dispelling the Myth of a Healthy Minority," held at Hyatt Bethesda and the National Institute of Health, Bethesda, MD, November 15-17, 1990.
10. Klatsky, Arthur L, and Mary Anne Armstrong. "Cardiovascular Risk Factors Among Asian Americans Living in Northern California," *American Journal of Public Health*; 81(11): 1423-1428, November, 1991.
11. U.S. Department of Health and Human Services, Centers for Disease Control, Public Health Service. "Behavioral Risk Factor Survey of Chinese - California, 1989," *Morbidity and Mortality Weekly Report*; 41(16), April 24, 1992.

Michigan ASSIST Project
Site Analysis
Priority Population Analysis

Women

Although women have a lower smoking prevalence than men in this state, the BRFS data show that women are quitting smoking at a significantly lower rate than men in Michigan. Additionally, the smoking rate for Michigan women is higher than the overall national average prevalence (including men). There are an estimated 945,670 adult female smokers in Michigan.

Disturbingly, national data on smoking among 12-18 year olds shows little difference between male and female smoking rates. These and other data suggest that the problem of smoking among women may intensify as these girls become adults.

ASSIST interventions for women are warranted in order to counteract tobacco industry marketing that targets women for initiating and maintaining smoking. To attract women, tobacco advertising stresses thinness, liberation, and fashion. Recent ads for a women's brand of cigarettes use the theme of stress relief, knowing that "the un-rush hour" sounds very appealing to women whose lives have become increasingly hectic as they meet the demands of job, home, and family.

Women are a priority population for tobacco reduction intervention because of the impact of smoking on infant mortality. Michigan has one of the highest rates of infant mortality in the country. The Michigan Department of Public Health estimates that about 10 percent of infant mortality is due to maternal smoking during pregnancy. Furthermore, children of mothers who smoke are more likely to model this habit and choose to smoke as they become adults. A reduction in smoking among women with children could help to decrease the smoking rate among the general population in the future.

Key informants note that many women who smoke are also low income or facing other social or economic pressures. Census data indicate that 36 percent of Michigan households headed by a female live in poverty, including 65 percent of such households with related children under 5 years old. Many women lack the financial resources, transportation, or child care to take advantage of organized services on a regular basis.

Key informants advised that most women know the health dangers of smoking, so messages that stress positive health for women, rather than negative effects of smoking, would be more appealing. Some women find health care through public health departments a stigmatizing experience and prefer private clinics. Health professionals who primarily serve women seem keenly aware of the need to advise them to stop smoking.

Media and friends are primary sources of information for the women who are a priority group for the ASSIST Project.

Michigan ASSIST Project
Site Analysis
Priority Population Analysis

All of the ASSIST intensive intervention regions included women among their priority populations. The Detroit Project ASSIST Coalition chose women as its number one priority group, particularly women of child-bearing age. The Upper Peninsula plans to focus ASSIST interventions on young women.

Key informants/resources:

1. Julie Hoinville, Clinic Manager, Planned Parenthood
2. Elaine O'Connor, Administrator, Womancare Clinic
3. Rosemary Sandefer, Health Committee Chair, Michigan Women's Commission
4. Janet Nichols, Academic Advising and Women's Programs, Kalamazoo Valley Community College

Blue Collar Workers

It is difficult to estimate both the number of blue collar workers in Michigan and a smoking prevalence for this group because of the vagueness of the definition of blue collar worker. For the purpose of this analysis, blue collar employment is considered to be jobs in the manufacturing and service sectors that do not require education beyond a high school diploma or training/vocational school and do not include management responsibilities. Types of jobs include production process workers, occupational operators, janitors, retail workers, clerical workers, and fast food workers. Estimates from Census data suggest that approximately 60 percent of Michigan workers are in blue collar jobs. However, it is important to remember that wage and benefit levels between these different types of jobs can vary greatly.

According to the ASSIST RFP, blue collar workers smoke more, quit less, and have a higher rate of relapse after they quit than white collar workers. Furthermore, blue collar workers start smoking at an earlier age than white collar workers and smoking initiation coincides with entry into the workforce. Participation in workplace smoking cessation programs has been low for this group.

Michigan is in the heart of the nation's "rust belt." Historically, it has been a highly industrialized state and the center of the automobile industry. Heavily dependent on a single, durable goods industry, Michigan has been particularly vulnerable to downturns in the national economy. The state was hard hit by the general crisis in manufacturing industries that began in the 1970's and by 1980, the bottom dropped out of the Michigan economy. During the 1980's Michigan's economy became more diversified. The number of manufacturing jobs has stagnated but the development of new lower-paying jobs in the service and trade sectors has been significant.

Michigan ASSIST Project
Site Analysis
Priority Population Analysis

Along with Michigan's status as a major industrialized state comes strong unionization. Unions are a major political and economic force, and union loyalty among blue collar workers runs high. Bringing unions into ASSIST interventions will greatly facilitate reaching this population group.

Additionally, blue collar employees are an important priority population for smoking cessation due to occupational exposures that magnify the health risks of smoking for some workers. This can happen in several ways: cigarettes may become contaminated with toxins in the workplace, leading to ingestion, inhalation, or skin absorption of toxins by the worker; tobacco smoke has the ability to transform some workplace chemicals into more harmful agents; certain toxic agents in tobacco smoke may also occur in the workplace, thus increasing workers' exposure to those substances; some substances found in the workplace, such as asbestos, work synergistically with tobacco smoke to increase the risk of smoking-related disease; and smoking is known to increase workplace accidents, possibly due to inattention, eye irritation, coughing, or explosions.

According to a key informant in an auto manufacturing plant, it is difficult to motivate blue collar workers to take advantage of smoking cessation resources in the workplace. They are eager to try "quick fixes" like nicotine patches, but don't stick with the more difficult or time consuming programs. Motivation and education may have to come from other sources, with the workplace providing support and resources for quitting. More than one key contact noted that programs or events that utilize group support or participation, such as the ACS Great American Smokeout, seem to generate significant interest.

Census data show that the average commuting time to work for residents of Michigan is 21 minutes and 82 percent of employed persons drive to work alone. This suggests that drive-time radio messages may be a good way to reach blue collar workers (and others), as well as bumper stickers and billboards.

Genesee County is a major industrial area in Michigan and will target blue collar workers in the ASSIST Project. The Upper Peninsula ASSIST coalitions have chosen male blue collar workers as a priority population.

Key informants/resources:

1. Steve Shepherd, Health and Safety Representative, UAW Local 6000
2. Laurie Esch, Benefits Representative, UAW Local 6000
3. Dr. Rex LaMore, Community Development, Michigan State University Department of Urban Affairs
4. Bill Blackburn, Bureau of Employee Benefits, Michigan Department of Civil Service
5. Rex Bargs, Health Coordinator, Buick-Oldsmobile-Cadillac UAW Local 618, 602, and 652

6. Mark Wilson, Department of Labor and Industrial Relations, Michigan State University
7. Mary Ann Wood, Medical Supervisor, Saginaw Division of General Motors
8. Maxine Walker, Body Care, UAW Local 652
9. Public Sector Consultants, Inc. *Michigan In Brief: 1988-89 Issues Handbook.* Grand Ledge, MI: Public Sector Consultant, Inc., 1988.
10. U.S. Department of Health, Education, and Welfare. *Smoking and Health. A Report of the Surgeon General.* (Washington, D.C.: U.S. Department of Health, Education, and Welfare, Public Health Service, Office of the Assistant Secretary for Health, Office on Smoking and Health. DHEW Publication No. (PHS) 79-50066)

Less Educated, Low Income, and Unemployed Persons

In analyzing ASSIST priority populations, the Steering Committee recognized that these three characteristics are often found in combination. Furthermore, persons in these groups are likely to be found in other priority populations. For example, members of some racial and ethnic minority groups are more likely to have low income and less education. Likewise, women are more often found in the lower income category. Many of the priority groups are disproportionately represented in unemployment statistics.

Given Michigan's heterogeneous population, groups sharing these characteristics may be very different in other ways. For instance, low income persons in Michigan range from those in the most urbanized areas of Detroit to persons living in the most rural and isolated areas of the Upper Peninsula. While both groups share economic disadvantage, they face radically different social and cultural concerns that would call for different approaches in ASSIST interventions. Nevertheless, Michigan's BRFS data show that low income and low education are the most important predictors of high smoking prevalence. Smoking is highest among those with less than a high school education and persons with an annual income of less than $20,000.

Key informants note that primary concerns of this population are personal safety, crime, employment and training, child care, finances, and housing. Messages that emphasize the future health effects of smoking may be lost because they are very focused on today's problems.

Persons with low income generally have fewer recreational opportunities than those with more resources. Therefore, smoking may be viewed as a more important way to relieve stress or depression. One key contact suggested turning the tables to show how quitting smoking can be a better stress reliever--by saving money, feeling better, and giving up a self-destructive habit. The most effective tobacco reduction messages will take into account the stress, low self-esteem, and depression that are often reasons for smoking among this group.

Michigan ASSIST Project
Site Analysis
Priority Population Analysis

Persons with low income often live in environments that support the continuation of smoking. The ASSIST objectives address environmental change through policy interventions. However, key informants stress that these policy changes must be accompanied by smoking cessation services that are well-publicized, affordable, and accessible in neighborhoods or through public transportation (where available). Materials must be of the appropriate literacy level.

According to one key informant, in past smoking reduction efforts, the message did not reach this group. She emphasizes that word of mouth is the best form of communication for this group and suggests using churches or other community-based groups to spread the word. Communicating through institutions such as the Michigan Department of Social Services was cautioned against because they may viewed as trying to control behavior of low income persons, rather than understanding their needs. On the other hand, substance abuse programs give persons a sense of empowerment, so a nonsmoking message in this setting may be very effective.

Despite the salutary effect of reducing consumption, some ASSIST objectives, such as higher tobacco excise taxes, may be perceived by certain groups and political leaders as unduly burdening these individuals.

Low income, less educated, and unemployed individuals are a priority population for the Upper Peninsula ASSIST Project, which has calculated that potentially more than half of all smokers in that area have not graduated from high school.

Key informants/resources:

1. Ron Slocum, GA Warrant and MA Mailings, Michigan Department of Social Services
2. Chuck Peller, Director of Communications, Michigan Department of Social Services
3. Beverly MacDonald, Executive Director, Michigan League for Human Services
4. Jan Williams, Executive Director, Neighborhood Association in Michigan
5. Jean Tubbs, Coordinator of County Relations, Michigan Community Action Agency Association
6. Manfredi, Clara, et al. "Smoking-Related Behavior, Beliefs, and Social Environment of Young Black Women in Subsidized Public Housing in Chicago," *American Journal of Public Health*; 82(2): 267-271, February, 1992.